

Exhibit AAAA

From: Leblanc, Kathleen (Human Resource Med Group)
<Kathleen.Lebanc2@umassmemorial.org>
Sent: Wednesday, October 11, 2017 12:00 PM
To: Rosen, Max <Max.Rosen@umassmemorial.org>
Subject: RE: Follow Up

Great! I will coordinate.

From: Rosen, Max
Sent: Wednesday, October 11, 2017 11:59 AM
To: Leblanc, Kathleen (Human Resource Med Group) <Kathleen.Lebanc2@umassmemorial.org>
Subject: RE: Follow Up

Yes, please.

Also, Dr. Ferrucci used a conversation that he has with Dr. Desai to potentially open a window for us. Max

From: Leblanc, Kathleen (Human Resource Med Group)
Sent: Wednesday, October 11, 2017 11:56 AM
To: Rosen, Max <Max.Rosen@umassmemorial.org>
Subject: Follow Up

Dr. Rosen

My apologies for not being able to stay yesterday to meet back up with you. I wanted to let you know that I had an additional idea for your consideration. Muriel and I agreed that all options have legal ramifications and we should discuss all options together. That said, shall I schedule a meeting for the 3 of us to discuss options?

Thank you,
Kathleen

Exhibit BBBB

From: Rosen, Max <max.rosen@exchange.com>
Sent: Wednesday, October 11, 2017 10:02 AM
To: Ferrucci, Joseph <Joseph.Ferrucci@umassmemorial.org>
Subject: RE: Charu Desai

Thanks. Max

From: Ferrucci, Joseph
Sent: Wednesday, October 11, 2017 9:48 AM
To: Rosen, Max <Max.Rosen@umassmemorial.org>
Subject: Charu Desai

Max,
I talked to her. I told her you wanted to be accommodating especially in recognition of her years of service. But that you also had an obligation as Chair to think about recruiting younger staff for service needs. She knows going off call would involve a significant salary reduction. I also indicated you were thinking about a term limited contract of c. 12 months. Then maybe a less formal arrangement such as Per diem.
She fussed a bit about being allowed academic days. But I think she'd probably concede on that. I think you can take the next step in discussions. Good luck.

Sent from my iPhone

Exhibit CCCC

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
WORCESTER, MA**

FACULTY ANNUAL PERFORMANCE REVIEW

A Guide to the APR is available online: <https://www.umassmed.edu/ofa/academic/faculty-reviews/apr>.

I. General Information

Dates of Evaluation - From: July 1, 2017	To: June 30, 2018
Name: Karin Dill, MD	Date: May 10, 2018
Department: Radiology	Division: Thoracic Radiology
Rank: Associate Professor	Years in Present Rank: 2.1
Faculty Type: UMMHC Employed	FTE: 1.00
Tenure Decision Year:	

Percentage effort in the following activities during the evaluation period (To be completed by Department. Faculty member should not complete this section.):

Current:

Clinical: 75 % Education: 25 % Research: % Other: % Other: %

Proposed:

Clinical: 75 % Education: 25 % Research: % Other: % Other: %

II. Education and Mentoring

- A. List teaching and development of courses for **undergraduate medical** education, including individual or group supervision. Identify any that are inter-professional.

Supervision and Teaching of UMass Medical Students on rotation through CV and Thoracic Imaging

- B. List teaching and development of courses for **graduate** education, including biomedical science and nursing students, residents and fellows in individual or group supervision, including preceptorship. Identify any that are inter-professional.

2017-present Speaker - Radiology Resident Lecture Series and Board Review (CV and Thoracic Imaging) UMass

2017-present - Development of UMass Radiology Resident Guidelines for CV and Thoracic Imaging, Expectations and Milestones by year (4 year curriculum)

2017 – present-Creation and maintenance of UMass Radiology Resident Corner with Protocol Tips and Reading Materials (over 140 articles for CV and Thoracic Imaging rotation)

- C. List any other teaching activities during the reporting period, including CME, or other presentations; outreach or community education. Identify any which are inter-professional.

2107-present – CT Technician training and supervision for post processing at UMass

2017-present - MRI Technician training, lectures and direct supervision at Shields for CV and Thoracic MRI

2017-present -Creation of institution-wide new CT protocols with dose optimization (reviewed and approved by Dr Carellas prior to departure) via Monthly CT QA meetings. All lead CT techs at every site participates

2017-present-MonthlyQA of chest division involving Steve Beaudoin and Kathy Green to address quality improvement (workflow, QA issues,etc) with recent, active chest xray improvement program with education at each site

- D. List individuals (student, residents, postdoctoral trainees, faculty) whom you have directly advised or mentored during the reporting period. Include the names, program, your role, their current position and any outcomes achieved.

CT technicians at UMass and Memorial Hospital for CCTA service, Division Chief: For ex. Diane (lead), Joe, Gail (lead) and all techs who perform CV CT imaging for performance and post processing of CV CT. Successful increase of CCTA exams ordered and performed at UMass

MR technicians at Shields: Josiah and Kathy-successful, independent scanning at Shields

UMass Radiology Residents-improved understanding of CV and thoracic imaging, guidelines

Mentor for fellowship of UMass radiology residents

- E. Attach any available evaluations of your educational activities or other evidence of your teaching effectiveness.

III. Investigation

- A. List active (during reporting period) grants, contracts and clinical trials. Include grant title, funding agency and grant number; total, direct & indirect costs; and complete funding dates. State your role, identify the PI if not you, and your percent effort.

No grants

- B. List pending grants, contracts and clinical trials submitted during the reporting period. Include grant title, funding agency and grant number; total, direct & indirect costs; and complete funding period. State your role, identify the PI if not you, and your percent effort.

None

- C. List other research activities (e.g. patents, development of software).

No software

IV. Scholarship

- A. List articles, books, monographs, editorials and reviews published during the reporting period (include complete reference with full title, all authors and inclusive pagination).

1.
Harvin HJ, Verma N, Nikolaidis P, Hanley M, Dogra VS, Goldfarb S, Gore JL, Savage SJ, Steigner ML, Strax R, Taffel MT, Wong-You-Cheong JJ, Yoo DC, Remer EM, Dill KE, Lockhart ME. ACR

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Appropriateness Criteria Renovascular Hypertension. 2017 Nov, Vol 14, Issue 11.

2. Leipsic, J, Blanke, P, Hanley M, Battle J, Bolen M, Brown R, Desjardins B, Eberhardt R, Gornik H, Hurwitz L, Maniar H, Patel H, Sheybani E, Steigner M, Verma N, Abbara S, Rybick F, Kirsch J, **Dill KE**. ACR Appropriateness Criteria Imaging for Transcatheter Valve Replacement. J Am Coll Radiol. 2017 Nov, Vol 14, Issue 11.
3. Oliva I, Day K, **Dill KE**, Hanley M, Ahmed O, Bennett S, Desjardins B, Gage K, Ginsburg M, Hamawy A, Steigner M, Strax R, Verma N, Rybicki F. ACR Appropriateness Criteria Imaging of Deep Inferior Epigastric Arteries for Surgical Planning (Breast Reconstruction Surgery). J Am Coll Radiol. 2017 Nov, Vol 14, Issue 11.
4. Schroeder J, Ptak T, Corey A, Ahmed O, Biffl W, Brennan J, Chandra A, Ginsburg M, Hanley M, Hunt C, Johnson M, Kennedy T, Patel N, Policeni B, Reitman C, Steigner M, Stiver S, Strax R, Whitehead M, **Dill KE**. ACR Appropriateness Criteria Penetrating Neck Injury. J Am Coll Radiol. 2017 Nov, Vol 14, Issue 11.
5. Bonci G, Steigner M, Hanley M, Braun A, Desjardins B, Gaba R, Gage K, Matsumura J, Roselli E, Sella D, Strax R, Verma N, Weiss C, **Dill KE**. ACR Appropriateness Criteria Thoracic Aorta Interventional Planning and Follow-Up. J Am Coll Radiol. 2017 Nov, Vol 14, Issue 11.

- B. List works submitted for publication during the reporting period (indicate status: under revision, accepted).

1. **Dill KE**, Chepelev L, Peitila T. 3D Printing from Cardiac CT Images (Chapter) CT of the Heart 2nd Edition Humana Press 2017 *in press*
2. Ginsburg, M, Obara, P, Lambert, D, Hanley M, Steigner M, Camacho M, Chandra A, Chang, K, Gage K, Peterson C, Ptak, T, Verma N, Kim D, Carucci L, **Dill KE**. ACR Appropriateness Criteria Imaging of Mesenteric Ischemia. J Am Coll Radiol. 2018 Nov *release in press*
3. Hanley M, Steigner M, Ahmed O, Ezana A, Bennett S, Chandra A, Desjardins B, Gage K, Ginsburg, M, Mauro D, Oliva I, Ptak, T, Strax R, Verma N, **Dill KE**. ACR Appropriateness Criteria Suspected Lower Extremity Deep Vein Thrombosis. J Am Coll Radiol. 2018 Nov *release in press*
4. Bennett S, **Dill KE**, Hanley M, Ahmed O, Desjardins B, Gage K, Ginsburg M, Khoynezhad A, Oliva I, Steigner M, Strax R, Verma N, Rybicki F. ACR Appropriateness Criteria Suspected Thoracic Aortic Aneurysm. J Am Coll Radiol 2018 *April release in press*
5. Collard M, Sutphin P, **Dill KE**. ACR Appropriateness Criteria Abdominal Aortic Aneurysm-Interventional Planning and Follow-up. J Am Coll Radiol 2018 *April release in press*
6. Francois C, Skulborstad E, Kalva S, Majdalany B, Collins J, Ferencik M, Ganguli S, Jorgensen J, Dendi T, Khaja M, Obara, Ptak T, Reis S, Sutphin P, **Dill KE**. ACR Appropriateness Criteria Lower Extremity Arterial Revascularization – Post Therapy Imaging. J Am Coll Radiol 2018 *April release in press*

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- C. List invited presentations & presentations at professional meetings (include title, date and institution or place and name of meeting and abstract reference if appropriate).

2017	North American Society for Cardiac Imaging (NASCI) 10/2017 Moderator-Case Based Review Session 1 Speaker-MR Aorta San Antonio, Texas
2017	Radiological Society of North America (RSNA) 11/2017 Speaker - Cardiac CT Mentored Case Review: Part 1 In Conjunction with NASCI Atherosclerosis - SAM Interactive Session Moderator-Cardiac Imaging Session-Coronary Artery Disease Chicago, Illinois
2018	American Board of Radiology (ABR) 2/2018 Diagnostic Core Examination Item Writer Meeting Cardiovascular Imaging Representative Tucson, Arizona
2018	American Board of Radiology (ABR) 3/2018 Standard Setting Meeting Core Examination Cardiovascular and Thoracic Imaging Representative Tucson, Arizona

V. Academic Service

- A. List service activities for the department and division (e.g. committees and candidate interviews).

Candidate interviews for thoracic imaging
Candidate interview/ lunch for MSK
Chest QA committee

- B. List service activities for the School, campus and clinical system (e.g. governing and standing committees such as the Admissions Committee and Quality Improvement Committee).

None

- C. List external service activities for regional, national and international committees and professional organizations (e.g. grant review panels). Note your role including any leadership positions.

2017-present	American Board of Radiology (ABR), Diagnostic Radiology MOC / Core Examination Item Writer
2017-present	North American Society of Cardiovascular Imaging (NASCI), Co-Chair of Guidelines and Publications Committee
2017-present	American College of Radiology (ACR), Specialty Chair, Appropriateness Criteria Expert Panel on Vascular Imaging
2017-present	American College of Radiology (ACR), Rapid Response Team Member for Thoracic Imaging, Appropriateness Criteria Expert Panel
2018	American Roentgen Ray Society (ARRS), Consulting Editor - Question Review for Annual Meeting and Regional Symposia
2017-present	American College of Radiology (ACR), Appropriateness Criteria Patient Advocacy Subcommittee

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2017-2018	American College of Radiology (ACR), Appropriateness Criteria Radiation Dose Subcommittee
2017-present	American Heart Association (AHA), Member of CVRI Nominating Committee of the Council on Cardiovascular Radiology and Intervention
2018	American Board of Radiology (ABR), Maintenance of Certification Angoff Standard Setting Group Member

D. List editorial and peer review responsibilities.

2017-present	Chest, Editorial Board
2017-present	North American Society of Cardiovascular Imaging (NASCI), International Journal of Cardiovascular Imaging, Ad-Hoc Reviewer
2017-present	Circulation Cardiovascular Imaging, Ad-Hoc Reviewer

E. List external community service activities that use your professional expertise.

Patient advocacy groups for lung cancer screening via ACR

VI. Leadership

List leadership responsibilities or positions.

2017-present	Chief, Division of Cardiovascular and Thoracic Imaging, Director 3D Lab UMass Medical Center
2017-present	North American Society of Cardiovascular Imaging, Co-Chair of Guidelines and Publications Committee
2017-present	American College of Radiology, Specialty Chair, Appropriateness Criteria Expert Panel on Vascular Imaging

VII. Health Care Delivery

A. Describe expertise in a clinical specialty and roles and responsibilities in health care delivery, including patient population/location. Describe any innovations in health care delivery, such as a clinical program, diagnostic test, or intervention, with documented outcomes.

Creation of CV and Thoracic MRI outpt imaging service Shields/UMass Joint Venture Cardiac, Thoracic and Vascular MR protocol development
Creation and continued expansion of 3D Laboratory UMass
Early creation of HeartFlow for CCTA at UMass Memorial Healthcare
Creation of consistent hospital-wide thoracic CT protocols with dose optimization
Radiology representative for Lung Cancer Screening Program

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- B. Patient care productivity using departmental measures (provided by Department).

FY17-October 1, 2016-September 30, 2017 - Actual RVU's 3,213
FY18-October 1, 2017-January 31, 2018 - Actual RVU's 898

- C. Quality and timely completion of patient records and billing (provided by Department).

N/A

- D. Other measures and outcomes (patient satisfaction, patient outcomes, etc).

N/A

- E. Describe efforts to improve quality, safety, and/or efficacy of patient care, including the outcomes of these efforts.

QA meetings for protocol and dose optimization monthly with techs

QA operational meetings for chest division workflow monthly with Radiology managers, techs and attending staff

Monthly CV and chest division meetings with attending staff

VIII. Honors and Awards

2017 Fellow, North American Society of Cardiovascular Imaging (NASCI)

IX. Diversity Efforts

Describe efforts that contribute to the department/institution's commitment to an inclusive environment in education, research, service, clinical, leadership activities including faculty, staff, and trainee recruitment. For assistance, see <http://www.umassmed.edu/ofa/academic/faculty-reviews/apr/diversity>

Participated in active recruitment of faculty: advertising, onboarding, interviews, networking

X. Professional Development

List any activities (course, programs, workshops etc.) in which you participated to enhance your professional development.

None in 2017-18

XI. Goals and Self Assessment

- A. Define your primary Area of Distinction. Your primary Area is where you devote most effort and/or have the greatest achievements (see [here](#) for information on the Areas of Distinction).

Health Care Delivery: ☒ Education: ☐ Investigation: ☐ Population Health and Public Policy: ☐

Use the box below for *optional* comments (e.g., if you have more than one Area of Distinction)

Education and Guideline Development

- B. List your goals and objectives for this year: copy Section X.C of your Faculty Annual Performance Review for the previous year.

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Build portfolio for promotion to professor
Achieve FACR status
Build research efforts at UMass – post processing (cinematic rendering, 3D printing)

- C. Provide a self-assessment narrative summarizing performance during this year: highlight what you consider your most significant accomplishments and indicate areas where you were not able to reach your goals.

Met goals for building and expanding clinical services since recruitment
 Meeting goals for recruitment and expansion of CV and Thoracic Division
 Successful implementation of protocols that meet standard of care in Thoracic and CV CT and MRI imaging
 Continued successful development of interdisciplinary relationships
 Did not obtain cinematic rendering, did not work on 3D printing at UMass

- D. State your goals for the next year, in priority order, in each of the following areas as appropriate: *education; research, creative and scholarly activities; professional service; clinical service; leadership; diversity; career development*. Include one (or more) specific measureable objective for each goal. For assistance with completing this section, go to:
<http://www.umassmed.edu/ofa/academic/faculty-reviews/apr/goals>

1. Career development: Apply for professor status
2. Career development: Develop research effort. Create one research project for 2018-19
3. Clinical service: Lead the development of HeartFlow (CTffr) program at UMass (outpt, inpt, ED) to become fully functional program by June 2019
4. Leadership development: Participate in professional development training/workshops in 2018-19, possibly sponsored by UMass Investigate additional resources for mentorship
5. Expand CV MR program to include vascular after installation of new magnet

- E. Based upon your goals as noted above, what are your anticipated mentoring needs for the next year? Do you need assistance to identify mentors?

Yes- someone who is available and engaged

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XII. Supervisor / Evaluator Evaluation (Assigned by Department)

- A. Evaluate the faculty member's contributions to clinical care (as appropriate).

- B. Evaluate the faculty member's contributions to education.

- C. Evaluate the faculty member's contributions to research and scholarly activities.

- D. Evaluate the faculty member's goals and mentoring needs for the coming year.

- E. Other comments (i.e. from other evaluators or other in other areas).

- F. Rate the faculty member's performance:

☐ Satisfactory

☐ Unsatisfactory

A rating of unsatisfactory performance must be supported by documentation in the APR and is based on one or more of the following (*check which apply*):

☐ Failure to meet previously set goals

☐ Failure to perform assigned duties or responsibilities

☐ Repeated failure by the Faculty Member to respond to direction from the supervisor

☐ Material violations of the employer's, Department's and/or other applicable and published policies, procedures, or codes of conduct

Supervisor / Evaluator (Signature/Date):

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XIII. Faculty Member's Comments (optional)

Faculty Member (Signature/Date):

Karin Dill 9/27/18


XIV. Department Chair's Evaluation (if not supervisor/evaluator)

Summary weighted to correspond with effort assignment.

Dr. Dill continues to be the go-to person for our thoracic and cardiac clinicians at UMass. Her clinical expertise in these two areas are much sought-out, and I have received frequent, impromptu feedback from senior clinicians on how much she has contributed to the care of complex cardiac and thoracic patients. She has also implement a superb educational program for our residents, with clearly defined milestones and a large amount of educational and reference content. Dr. Dill received some excellent comments from our residents about her commitment and skills as a teacher, although dedicated time for teaching was sometimes challenging given the demands of starting a "new" section. Now that the section is maturing, I expect that Dr. Dill will be able to continue her excellent teaching efforts with fewer interruptions.

Dr. Dill and I discussed the evolution of the cardiovascular division – the cardiac MRI service is now on "autopilot" as she has developed robust, standardized cardiac MRI protocols, and has successfully set up the 3D-lab. I know the technologists in the 3D lab feel greatly supported by her, and appreciate her support and commitment to their professional growth and development.

As the division becomes more complex, especially the daily operations of the chest division, we discussed the possibility of splitting the cardiothoracic division into two divisions, which she would prefer not to do. We discussed the need to delegate responsibilities, and agreed that Dr. Lalani would take responsibility for the operational work-flow for the lung screening program, and when Dr. Barile arrives, we would discuss having Dr. Barile lead our initiative (if we decide) to pursue a chest fellowship. Dr. Dill will also start a pilot to include the Cardiology fellow in cardiac MRI and CTA read-outs on Thursdays. New initiatives for the coming year will likely include exploring implementing "heart flow" software – which would likely provide a good source of research material. I have contacted AIDOC (an AI start-up in Israel) and they are interested in collaborating on a project to use AI to assess response to therapy for patients with ILD.

We also discussed mentoring, and Dr. Dill will reach out to two former mentors, Drs. White or Stillman for advice.

I have sent Dr. Dill's CV to Dr. Thorndyke – to identify any components which would be needed for consideration to promotion to professor. Dr. Thorndyke made several suggestions, which I will share by e-mail with Dr. Dill – including the need to identify which track (education or health care delivery) would be most appropriate.

Dr. Dill and I also discussed reducing non-clinical time from 60 to 48 days per year, which she is in agreement with. This will be more in line with time allocation for others in the department, and recognize that many of the "start-up" work which required additional time over the past two years has been realized. Dr. Dill has also made some modifications to her work schedule/flow to help minimize

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disruptions and allow her to focus on clinical productivity.

This has been another year of growth and refinement for the cardiothoracic division. Dr. Dill has put a great deal of effort into ensuring that the division is successful, and I greatly appreciate all of her efforts.

Department Chair (Signature/Date): Max P. Rosen MD MPH 9/28/18

PLEASE RETURN TO THE OFFICE OF FACULTY AFFAIRS

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Exhibit DDDD

2015

Desai, Charu S., M.D.

UMass Memorial Medical Center
OPPE 9 Month () Reappointment (X)

Run Date: March 17, 2016

Charu S. Desai, M.D. Radiology Active	
UMass Memorial Medical Center 55 Lake Avenue North Radiology Worcester, MA 01655 (774) 442-5160	Practice Type: UMMMG Employee Initial Privileges Issue Date: 12/16/1981 Scheduled Reappointment Date: 07/11/2016

Signature Division Chief/Vice Chair (where applicable) _____ Date _____

Signature Department Chair Markus _____ Date 6/5/15**Please check off one of the following:**

<input checked="" type="checkbox"/>	In review of this medical staff member, there are no issues which require focused review or peer review. Continuation of privileges is recommended.
<input type="checkbox"/>	In review of this medical staff member, issues have been identified which may require focused review or peer review. (Medical Staff Services will contact you for further information).
<input type="checkbox"/>	Focused Review/Peer Review is currently in process, or has already been requested, for this medical staff member.

Please check off one of the following:

COMPETENCIES	Excellent	Good	Fair/Poor	Unknown
Provision of Patient Care: Including performance of requested privileges, clinical and technical skills which are appropriate and effective and for the promotion of health, access and coordination of care.	✓			
Medical and Clinical Knowledge: Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	✓			
Professionalism: Including character, ethos, integrity, understanding of diversity, and responsibility.	✓			
Physical and Mental competence.	✓			
Participation in teaching activities (if practitioner holds a faculty appointment)	✓			
Interpersonal & communication skills: Including effective communication with patients and families, involves patients in care, communicates effectively with physician colleagues and non-physician co-workers.	✓			
Practice-Based Learning and Improvement: Including learning and investigation, evaluation and improvement.	✓			
Systems-Based Practice: Including understanding of systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost-effective care.	✓			
Compliance: Including compliance with bylaws, rules and regulations, policies and procedures.	✓			

REAPPOINTMENT ONLY (not required for Interim OPPE) Please check off one of the following:

<input checked="" type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff, and for clinical privileges (as applicable to category of staff), with NO conditions.	
<input type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff, and for Clinical privileges (as applicable to category of staff), WITH CONDITIONS.	Conditions: _____
<input type="checkbox"/>	I have no direct knowledge of this applicant's current clinical competence. Based on review of peer references, and any OPPE information available, I recommend reappointment and clinical privileges.	
<input type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff. Request applicant change category to Active Referring (does not require clinical privileges).	
<input type="checkbox"/>	I do not recommend this applicant for clinical privileges and/or reappointment to the Medical Staff. Please attach explanation.	

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Desai, Charu S., MD

MARLBOROUGH HOSPITAL
REAPPOINTMENT APPRAISAL/RECOMMENDATION FORM

CONFIDENTIAL PEER REVIEW-PREPARED FOR THE EXCLUSIVE USE OF THE CREDENTIALS COMMITTEE

Charu S. Desai, MD

Courtesy

Radiology

1. How often does this applicant use Marlborough Hospital facilities? ☐ Frequently ☐ Occasionally ☐ Never

2. Please complete the following evaluation.

	Excellent	Good	Fair	Poor	Unknown	Comments
DELINEATION OF PRIVILEGES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
CURRENT COMPETENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
HEALTH STATUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
AVAILABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
ETHICS & CONDUCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
COOPERATION WITH HOSPITAL PERSONNEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
FREQUENCY OF USE OF HOSPITAL FACILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
RELATIONSHIP WITH OTHER PRACTITIONERS & ANCILLARY STAFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
RELATIONSHIP WITH PATIENTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
REVIEW & QUALITY ASSURANCE FINDINGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
MEDICAL RECORD PREPARATION & COMPLETION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
MEETING/COMMITTEE ATTENDANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

Other Comments regarding this applicant: _____

3. Please ☒ Recommendations

Comments

<input type="checkbox"/>	I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with no conditions.	
<input type="checkbox"/>	I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with conditions.	Conditions:
<input type="checkbox"/>	I have no direct knowledge of this individual's current clinical competence. Based on a review of the credentials file, including assessment by others familiar with this individual's current clinical competence, reappointment and renewal of clinical privileges is recommended.	
<input type="checkbox"/>	I do not recommend the applicant for reappointment or renewal of clinical privileges. A written explanation is attached.	
<input type="checkbox"/>	Other: (Explain):	

Signature, Division Chief (if applicable)

Date

Signature, Department Chief

Date

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PART III

Please evaluate:

	Excellent	Good	Fair	Poor	Unknown
Provision of Patient Care. Including clinical and technical skills which are appropriate and effective and for the promotion of good health, access, and coordination of care.	x				
Performance of Clinical Privileges. Applicant's performance of the privileges requested (see attached copy of requested privileges).	x				
Medical and Clinical Knowledge. Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	x				
Professionalism. Including character, ethics, integrity, understanding of diversity, and responsibility.	x				
Physical and Mental Competence.	x				
Participation in Teaching Activities.	x				
Interpersonal and Communication Skills. Including effective communication with patients and families, involves patients in care, communicates effectively with physician colleagues and non-physician co-workers.	x				
Practice-Based Learning and Improvement. Including learning and investigation, evaluation and improvement.	x				
Systems-Based Practice. Including understanding systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost effective care.	x				
Compliance. Including compliance with bylaws, rules and regulations, policies and procedures.	x				

- (x) I recommend this applicant with no reservations.
 () Unable to provide a recommendation. I have no direct knowledge of this individual's current clinical competence.
 () Not recommended. Please explain _____

Signature of Individual Completing Form

Date 12-22-2014

Joseph T. Ferruci MD

Printed Name of Individual Completing Form

Radiology Chair Emeritus UMassMemorial

Title

508-856 3252
Telephone NumberPlease return by fax (508-334-8235) or scan (Maureen.podesta@umassmemorial.org).

Thank you!

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PART III

Please evaluate:

	Excellent	Good	Fair	Poor	Unknown
Provision of Patient Care. Including clinical and technical skills which are appropriate and effective and for the promotion of good health, access, and coordination of care.	✓				
Performance of Clinical Privileges. Applicant's performance of the privileges requested (see attached copy of requested privileges).	✓				
Medical and Clinical Knowledge. Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	✓				
Professionalism. Including character, ethics, integrity, understanding of diversity, and responsibility.	✓				
Physical and Mental Competence.	✓				
Participation in Teaching Activities.	✓				
Interpersonal and Communication Skills. Including effective communication with patients and families, involves patients in care, communicates effectively with physician colleagues and non-physician co-workers.	✓				
Practice-Based Learning and Improvement. Including learning and investigation, evaluation and improvement.	✓				
Systems-Based Practice. Including understanding systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost effective care.	✓				
Compliance. Including compliance with bylaws, rules and regulations, policies and procedures.	✓				

- (X) I recommend this applicant with no reservations.
 () Unable to provide a recommendation. I have no direct knowledge of this individual's current clinical competence.
 () Not recommended. Please explain _____

Jerry P. Balikian M.D.

Signature of Individual Completing Form

Date

12/29/2014

Jerry P. Balikian, MD

Printed Name of Individual Completing Form

Professor of Radiology, Division Director, Thoracic Imaging

Title

508-856-6316

Telephone Number

Please return by fax (508-334-8235) or scan (Maureen.podesta@umassmemorial.org).

Thank you!

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Desai, Charu S., M.D.

UMASS MEMORIAL HEALTH CARE
REAPPOINTMENT APPRAISAL/RECOMMENDATION FORM

Charu S. Desai, M.D.

Active

Radiology

1. How often does this applicant use UMMC facilities? ☐ Frequently ☐ Occasionally ☐ Never

2. Please complete the following appraisal.

	Excellent	Good	Fair	Poor	Unknown	Comments
Provision of patient care: Including performance of requested privileges, clinical and technical skills which are appropriate and effective and for the promotion of health, access, and coordination of care.	<input checked="" type="checkbox"/>					
Medical and clinical knowledge: Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	<input checked="" type="checkbox"/>					
Professionalism: Including character, ethics, integrity, understanding of diversity, and responsible.	<input checked="" type="checkbox"/>					
Physical and mental competence.	<input checked="" type="checkbox"/>					
Participation in teaching activities.	<input checked="" type="checkbox"/>					
Interpersonal & communication skills: Including effective communication with patients & families, involves patients in care, communicates effectively with physician colleagues & non-physician co-workers.	<input checked="" type="checkbox"/>					
Practice-Based Learning and Improvement: Including learning and investigation, evaluation and improvement.	<input checked="" type="checkbox"/>					
Systems-Based practice: Including understanding systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost-effective care.	<input checked="" type="checkbox"/>					
Compliance: Including compliance with bylaws, rules and regulation, and Medical Center policies/procedures.	<input checked="" type="checkbox"/>					

Other Comments regarding this applicant: _____

3. Please ☒ Recommendations

	Comments
<input checked="" type="checkbox"/> I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with no conditions.	
<input type="checkbox"/> I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with conditions.	Conditions: _____
<input type="checkbox"/> I have no direct knowledge of this individual's current clinical competence. Based on a review of the credentials file, including assessment by others familiar with this individual's current clinical competence, reappointment and renewal of clinical privileges is recommended.	
<input type="checkbox"/> I do not recommend the applicant for reappointment or renewal of clinical privileges. A written explanation is attached.	
<input type="checkbox"/> Other: (Explain): _____	

Signature, Division Chief (if applicable)

Signature, Department Chair

Date

Date

CONFIDENTIAL

UMM-03261

Exhibit EEEE



Marlborough Hospital

A Member of

UMass Memorial Health Care

May 22, 2015

To: UMassMemorial Health Care, Inc. – Sharon Bonner

JB

CONFIRMATION OF APPOINTMENT

Name: Charu S. Desai, M.D.
Department: Radiology
Staff Category: Provisional Courtesy
Dates of Affiliation: 02/05/2015 - Present

This letter will serve as confirmation that Charu S. Desai, M.D., is/was credentialed by Marlborough Hospital, in full compliance with Massachusetts State Regulation, Federal Law, and Joint Commission Standards.

This individual meets/met this facility's standards for appointment/reappointment and renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on a review of the individual's credentials record at Marlborough Hospital.

If you have any questions regarding the above information, please contact our office at 508-486-5435.

Sincerely

EP

Elizabeth Pope
Administrative Assistant, Medical Staff Services

CONFIDENTIAL

UMM-03258



Medical Staff Services
Mailing Address:
281 Lincoln Street
Worcester, MA 01605
Office Location:
306 Belmont Street
Worcester, MA 01604
Tel: 508-334-8015
Fax: 508-334-8235

07/09/2009

Charu S. Desai, M.D.
UMass Memorial Medical Center
55 Lake Avenue North
Radiology
Worcester, MA 01655

Dear Dr. Desai:

On behalf of the UMass Memorial Medical Center Patient Care Assessment Committee, I am pleased to reappoint you to the Medical Staff.

Clinical Privileges in:	Radiology
Effective Dates:	07/09/2009 to 07/09/2011
Staff Category:	Active

Your approved clinical privileges are delineated on the attached pages. If you have any questions regarding your approved privileges, please confer with the appropriate service chief.

As a reminder, for those who currently hold a faculty appointment with the University of Massachusetts Medical School, and are on the Active or Courtesy Medical Staff, your clinical privileges and medical staff membership are contingent upon maintenance of your faculty appointment.

Thank you for your continued support of the UMass Memorial Medical Center.

Sincerely,


Stephen Tosi, M.D.
Chief Medical Officer

cc: Department Chair
Division Chief

CONFIDENTIAL

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER
MEDICAL STAFF CREDENTIALS REVIEW AND ACTION SIGNATURE FORM

APPOINTMENT___ REAPPOINTMENT X STAFF CATEGORY ACTIVE

APPLICANT DESAL CHARU, MD DEPT/DIV RADIOLOGY

The delineation of clinical privileges form(s) enclosed in this credentials file specify recommended clinical privileges.

DIVISION DIRECTOR (When applicable)

___ Recommended ___ Not Recommended (justification document enclosed)

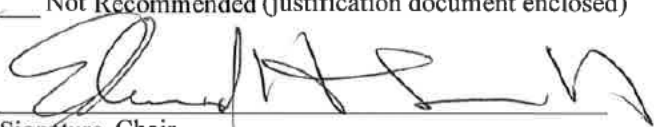
Date

Signature, Division Director

DEPARTMENT CHAIR

___ Recommended ___ Not Recommended (justification document enclosed)

8/1/97
Date

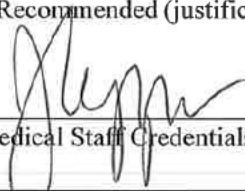

Signature, Chair

DR. SMITH

MEDICAL STAFF CREDENTIALS COMMITTEE

☒ Recommended ___ Not Recommended (justification document enclosed)

9-8-97
Date


Chair, Medical Staff Credentials Committee

HOSPITAL EXECUTIVE COMMITTEE

☒ Recommended ___ Not Recommended (justification document enclosed)

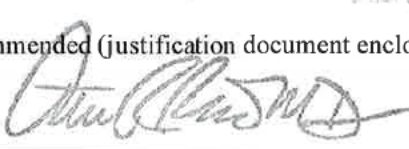
9-25-97
Date

Chair, Hospital Executive Committee

DEPUTY CHANCELLOR FOR CLINICAL AFFAIRS (FOR THE CLINICAL MANAGEMENT BOARD)

☒ Recommended ___ Not Recommended (justification document enclosed)

10-16-97
Date


Signature, Deputy Chancellor for Clinical Affairs

CONFIDENTIAL

Desai, Charu S., M.D.

UMASS MEMORIAL HEALTH CARE
REAPPOINTMENT APPRAISAL/RECOMMENDATION FORM

Charu S. Desai, M.D.

Active

Radiology

1. How often does this applicant use UMMC facilities? ☐ Frequently ☐ Occasionally ☐ Never

2. Please complete the following appraisal.

	Excellent	Good	Fair	Poor	Unknown	Comments
Provision of patient care: Including performance of requested privileges, clinical and technical skills which are appropriate and effective and for the promotion of health, access, and coordination of care.	<input checked="" type="checkbox"/>					
Medical and clinical knowledge: Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	<input checked="" type="checkbox"/>					
Professionalism: Including character, ethics, integrity, understanding of diversity, and responsible.	<input checked="" type="checkbox"/>					
Physical and mental competence.	<input checked="" type="checkbox"/>					
Participation in teaching activities.	<input checked="" type="checkbox"/>					
Interpersonal & communication skills: Including effective communication with patients & families, involves patients in care, communicates effectively with physician colleagues & non-physician co-workers.	<input checked="" type="checkbox"/>					
Practice-Based Learning and Improvement: Including learning and investigation, evaluation and improvement.	<input checked="" type="checkbox"/>					
Systems-Based practice: Including understanding systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost-effective care.	<input checked="" type="checkbox"/>					
Compliance: Including compliance with bylaws, rules and regulation, and Medical Center policies/procedures.	<input checked="" type="checkbox"/>					

Other Comments regarding this applicant: _____

3. Please ☒ Recommendations

	Comments
<input checked="" type="checkbox"/> I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with no conditions.	
<input type="checkbox"/> I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with conditions.	Conditions: _____
<input type="checkbox"/> I have no direct knowledge of this individual's current clinical competence. Based on a review of the credentials file, including assessment by others familiar with this individual's current clinical competence, reappointment and renewal of clinical privileges is recommended.	
<input type="checkbox"/> I do not recommend the applicant for reappointment or renewal of clinical privileges. A written explanation is attached.	
<input type="checkbox"/> Other: (Explain): _____	

Signature, Division Chief (if applicable)

Signature, Department Chair

Date

Date

CONFIDENTIAL

UMM-03261



Medical Center
Department of
Medical Staff Services

Hahnemann Campus
281 Lincoln Street
Worcester, MA 01605-2192
Tel: 508-334-8015
Fax: 508-334-8235
www.umassmemorial.org

07/31/2007

Charu S. Desai, M.D.
UMass Memorial Medical Center
55 Lake Avenue North
Radiology
Worcester, MA 01655

Dear Dr. Desai:

On behalf of the UMass Memorial Medical Center Board of Trustees, I am pleased to reappoint you to the Medical Staff.

Clinical Privileges in:	Radiology/
Effective Dates:	07/31/2007 to 07/31/2009
Staff Category:	Active

Your approved clinical privileges are delineated on the attached pages. If you have any questions regarding your approved privileges, please confer with the appropriate service chief.

As a reminder, for those who currently hold a faculty appointment with the University of Massachusetts Medical School, and are on the Active or Courtesy Medical Staff, your clinical privileges and medical staff membership are contingent upon maintenance of your faculty appointment.

Thank you for your continued support of the UMass Memorial Medical Center.

Sincerely,

A handwritten signature in black ink that reads 'Stephen E. Tosi M.D.'.

Stephen Tosi, M.D.
Chief Medical Officer

cc: Department Chair
Division Chief
Sharon Hylka
Jan Beschle*
Mary Camosse*

The Clinical Partner of the
University of Massachusetts Medical School

CONFIDENTIAL

3.11

**UMass Memorial Medical Center
Delineation of Clinical Privileges
Department of Radiology (Includes Division of Nuclear Medicine)**

Applicant: Charu Desai MD ☐ Appointment ☒ Reappointment

Medical Staff Membership/Clinical Privileges

All applicants for clinical privileges must meet at least the following minimum qualifications for Medical Staff membership as set forth in the UMass Memorial Medical Staff Bylaws.

- ◆ Completion of medical school
- ◆ Malpractice insurance coverage (minimum \$1 million/\$3 million)
- ◆ Satisfactory completion of post-graduate training program(s)
- ◆ Current clinical competence in clinical privileges being requested
- ◆ Ability to work cooperatively with others
- ◆ For Active and Courtesy Staff, faculty appointment with the University of Massachusetts Medical School (must be obtained within 6 months of initial appointment for new staff and retained for reappointing staff). Only exceptions will be those physicians who did not hold a faculty appointment prior to the UMass Memorial merger, April 1998, and were on the Memorial Health Care Medical Staff, and UMass Memorial Residents providing extended care coverage at UMass Memorial).
- ◆ Valid license to practice medicine in Massachusetts
- ◆ Prescriptive registration (as applicable to specialty)
- ◆ Satisfactory practice experience (as applicable)
- ◆ Adherence to ethics of profession

Criteria Specific to the Department of Radiology

Applicants for clinical privileges in the Department of Radiology must have completed an ACGME approved residency training program in Radiology, or its international equivalent. Certification by the American Board of Radiology or be an active candidate for certification.

Criteria Specific to Nuclear Medicine

Applicants must have satisfactorily completed an ACGME-accredited residency program in Nuclear Medicine and must be certified by the American Board of Nuclear Medicine or be an active candidate for certification. Applicants for privileges in Nuclear Cardiology must be certified by the American Board of Nuclear Medicine, with Added Qualifications in Nuclear Cardiology, or an active candidate for such certification. Recertification is required for those certified by the American Board of Nuclear Medicine in 1992 or later.

Criteria for Specific Procedures

Diagnostic Ultrasound: Initial Appointment: Completion of an ACGME accredited residency program with at least three months of diagnostic ultrasound training. During training applicant should have been involved in at least 500 diagnostic ultrasound examinations. **OR**, if residency training did not include ultrasound, applicant should have completed an appropriate fellowship or post-graduate training program during which the physician should have been involved in the performance and interpretation of at least 500 ultrasound examinations. **OR**, qualifications may be fulfilled by those physicians who completed residency prior to the existence of defined fellowships or residency training. Such individuals shall have completed residency prior to 1982, and have performed and interpreted ultrasound examinations for at least 10 years and been involved in at least 500 ultrasound examination. **OR**, in the absence of formal fellowship or training, documentation of clinical experience of at least two years of ultrasound experience during which a minimum of 500 ultrasound examinations were performed and interpreted. **OR**, certification in Diagnostic Radiology by the American Board of Radiology.

Renewal of privileges: A minimum of 300 examinations per year is recommended and appropriate CME in diagnostic ultrasound.

Stereotactically Guided Breast Interventional Procedures: New Appointments: Completion of an ACGME-accredited residency program or fellowship program including specific training in stereotactically guided breast interventional procedures. **OR**, two months of full-time documented formal training in the interpretation of mammograms, including instruction in medical radiation physics, radiation effects, and radiation protection. **Renewal of privileges:** Applicant must interpret on a regular basis, a minimum of 480 mammograms per year is recommended, and participation in mammography CME programs.

Performance of Ultrasound Guided Percutaneous Breast Interventional Procedures: New Appointments: Completion of an ACGME-accredited residency program with 3 or more months of dedicated formal diagnostic ultrasound training, including breast ultrasound. **OR**, If residency did not include ultrasound, appropriate fellowship or post-graduate training during which physician should have been involved with the performance and interpretation of at least 500 ultrasound examinations. **OR**, In the absence of residency training, formal fellowship or post-graduate education, documentation of clinical experience could be acceptable provided it can be established that applicant has had at least two years of ultrasound experience during which a minimum of 500 general or 100 breast ultrasound examinations were performed and interpreted. **Renewal of privileges:** Regular performance and interpretation of breast ultrasonographic examinations, documented performance of at least 12 percutaneous ultrasound guided breast interventional procedures per year, and participation in related CME courses.

CONFIDENTIAL

Radiology 2014

Page 1 of 3

**Marlborough Hospital
Delineation of Clinical Privileges
Department of Radiology
(Includes Nuclear Medicine)**

Applicant: CHARU S. DESAIAppointment ☐ Reappointment ☒**Medical Staff Membership/Clinical Privileges**

All applicants for clinical privileges must meet at least the following minimum qualifications for Medical Staff membership as set forth in the Marlborough Hospital Bylaws.

- ◆ Valid license to practice medicine in Massachusetts
- ◆ Malpractice Insurance coverage (in an amount that satisfies state regulations and Hospital policy)
- ◆ Prescriptive registration (as applicable to specialty)
- ◆ Completion of medical school
- ◆ Satisfactory completion of post-graduate training program(s)
- ◆ Current clinical competence in the procedures being requested
- ◆ Adherence to the ethics of profession
- ◆ Ability to work cooperatively with others

Criteria Specific to the Department of Radiology

Applicants for clinical privileges in the Department of Radiology must have completed an ACGME approved residency training program in Radiology, or its international equivalent. Certification by the American Board of Radiology or be an active candidate for certification.

Criteria Specific to Nuclear Medicine

Applicants must have satisfactorily completed an ACGME-accredited residency program in Nuclear Medicine and must be certified by the American Board of Nuclear Medicine or be an active candidate for certification. Applicants for privileges in Nuclear Cardiology must be certified by the American Board of Nuclear Medicine, with Added Qualifications in Nuclear Cardiology, or an active candidate for such certification. Recertification is required for those certified by the American Board of Nuclear Medicine in 1992 or later.

Criteria for Specific Procedures

Diagnostic Ultrasound: **Initial Appointment:** Completion of an ACGME accredited residency program with at least three months of diagnostic ultrasound training. During training applicant should have been involved in at least 500 diagnostic ultrasound examinations. **OR**, If residency training did not include ultrasound, applicant should have completed an appropriate fellowship or post-graduate training program during which the physician should have been involved in the performance and interpretation of at least 500 ultrasound examinations. **OR**, qualifications may be fulfilled by those physicians who completed residency prior to the existence of defined fellowships or residency training. Such individuals shall have completed residency prior to 1982, and have performed and interpreted ultrasound examinations for at least 10 years and been involved in at least 500 ultrasound examinations. **OR**, in the absence of formal fellowship or training, documentation of clinical experience of at least two years of ultrasound experience during which a minimum of 500 ultrasound examinations were performed and interpreted. **OR**, certification in Diagnostic Radiology by the American Board of Radiology.

Renewal of privileges: A minimum of 300 examinations per year is recommended and appropriate CME in diagnostic ultrasound.

Stereotactically Guided Breast Interventional Procedures: **New Appointments:** Completion of an ACGME-accredited residency program or fellowship program including specific training in stereotactically guided breast interventional procedures. **OR**, two months of full-time documented formal training in the interpretation of mammograms, including instruction in medical radiation physics, radiation effects, and radiation protection. **Renewal of privileges:** Applicant must interpret on a regular basis, a minimum of 480 mammograms per year is recommended, and participation in mammography CME programs.

Performance of Ultrasound Guided Percutaneous Breast Interventional Procedures: **New Appointments:** Completion of an ACGME-accredited residency program with 3 or more months of dedicated formal diagnostic ultrasound training, including breast ultrasound. **OR**, If residency did not include ultrasound, appropriate fellowship or post-graduate training during which physician should have been involved with the performance and interpretation of at least 500 ultrasound examinations. **OR**, In the absence of residency training, formal fellowship or post-graduate education, documentation of clinical experience could be acceptable provided it can be established that applicant has had at least two years of ultrasound experience during which a minimum of 500 general or 100 breast ultrasound examinations were performed and interpreted. **Renewal of privileges:** Regular performance and interpretation of breast ultrasonographic examinations, documented performance of at least 12 percutaneous ultrasound guided breast interventional procedures per year, and participation in related CME Courses.

CONFIDENTIAL

Radiology 2014

Page 2 of 3

Name: _____

Moderate Sedation. Initial applicants for moderate sedation privileges must complete the moderate sedation credentialing package. Current ACLS certification is required. Reappointment applicants must have a minimum of and proof of at least 20 cases and current ACLS certification.

N=Neonatal C=Child A=Adolescent AD=Adult G=Geriatrics					
Privileges	Age Groups N, C, A, AD, G	Requested	Recommend	Approved	Comments
Admitting Privileges Active & Courtesy Staff Only					
History and Physical					
CT image interpretation and supervision	✓ ADG				
US image interpretation and supervision					
MR image interpretation and supervision					
X-ray and fluoroscopy image interpretation and supervision	✓ ADG				
General nuclear medicine (non cardiac) image interpretation and supervision					
Mammography image interpretation and supervision					
Moderate sedation					Initial exam required Requires ongoing current ACLS certification and proof of minimum number of cases In compliance with moderate sedation policy
Fluoroscopic guided intervention including arthrography, catheter placement, IVC filter, myelography and injection					
CT guided intervention including needle biopsy, catheter placement and injection					
US guided intervention including needle biopsy, catheter placement and injection					
MRI guided intervention including MRI guided breast biopsy					
Mammography and stereotactic intervention including wire localization and stereotactic biopsy					
Nuclear medicine diagnostic intervention including injection for sentinel node localization					

CONFIDENTIAL

Radiology 2014

Page 3 of 3

Name: _____

CARDIAC NUCLEAR MEDICINE					
Electrocardiographic rest and exercise testing					
Cardiac Nuclear exercise stress or pharmacologic testing, imaging and interpretation*					

*Nuclear Cardiology procedures require approval of both the Chief of Medicine and the Chief of Radiology.

*Setting-Specific: Privileges granted to an applicant are based not only on qualifications, but also on consideration of the procedures and types of care, treatment, and services that can be performed or provided within the proposed setting.

OTHER

If there are any procedures you perform, which were not included above, please list here. Please be advised that new procedures will require a review to determine if specific criteria need to be developed. Availability of other procedures is dependent upon the resources of the Institution and the strategic needs of the institution.

CHANGES TO DELINEATION OF PRIVILEGES FORM

Please complete the following:

- ☒ I have reviewed my previously approved privileges and wish to make no changes.
- ☐ Added privileges requested. Additional training received (attach documentation of training).
- ☐ Voluntary reduction in privileges. No longer performing these procedures.
- ☐ Voluntary reduction in privileges. Minimum criteria for renewal not met.

SIGNATURES

Cham S. Deno, MD.
Applicant

3/27/2017
Date

Department of Medicine Chief (for Nuclear Cardiology Procedures)

Date

Department Chief

6/9/17
Date

CONFIDENTIAL

3.11

Name:

Charu Desai MD

CHANGES TO DELINEATION OF PRIVILEGES FORM (REAPPOINTMENT ONLY)☒ I AM NOT REQUESTING ANY CHANGES TO MY PREVIOUSLY APPROVED CLINICAL PRIVILEGES.☐ Added privileges requested. Additional training received (attach documentation of training).☐ Voluntary reduction in privileges. No longer performing these procedures.☐ Voluntary reduction in privileges. Minimum criteria for renewal not met.☐ Other _____**SIGNATURES**

Applicant: <i>Charu S. Desai, M.D.</i>	Date: <i>3/27/2017</i>
UNMMC MEDICAL STAFF SERVICES DEPT WILL OBTAIN THE FOLLOWING SIGNATURES	
Division Chief: (if applicable)	Date
Department Chair: <i>Max Rosen, MD</i> <i>max</i>	Date: <i>6/21/2017</i>
Place Committee Processing Label Here	
Med Staff Credentials Committee 7/13/17 Medical Staff Executive Committee 8/9/17 Patient Care Assessment Committee 8/24/17 Approved No Conditions (x) With Conditions () Non-Approval ()	

CONFIDENTIAL

Radiology 2014

Page 3 of 3

Name: _____

CARDIAC NUCLEAR MEDICINE					
Electrocardiographic rest and exercise testing					
Cardiac Nuclear exercise stress or pharmacologic testing, imaging and interpretation*					

*Nuclear Cardiology procedures require approval of both the Chief of Medicine and the Chief of Radiology.

*Setting-Specific: Privileges granted to an applicant are based not only on qualifications, but also on consideration of the procedures and types of care, treatment, and services that can be performed or provided within the proposed setting.

OTHER

If there are any procedures you perform, which were not included above, please list here. Please be advised that new procedures will require a review to determine if specific criteria need to be developed. Availability of other procedures is dependent upon the resources of the Institution and the strategic needs of the institution.

CHANGES TO DELINEATION OF PRIVILEGES FORM

Please complete the following:

- ☒ I have reviewed my previously approved privileges and wish to make no changes.
- ☐ Added privileges requested. Additional training received (attach documentation of training).
- ☐ Voluntary reduction in privileges. No longer performing these procedures.
- ☐ Voluntary reduction in privileges. Minimum criteria for renewal not met.

SIGNATURES

Cham S. Dem, MD
Applicant

3/27/2017
Date

Department of Medicine Chief (for Nuclear Cardiology Procedures)

Date

Department Chief

6/9/17
Date

CONFIDENTIAL

Charu S. Desai, MD

UMass Memorial Health Care, Inc.
Medical Staff Services
281 Lincoln Street, Suite HM2-212
Worcester, MA 01605
(508)334-8015 phone
(508)334-8235 fax

SB-1

March 13, 2017

Charu S. Desai, MD
55 Lake Avenue North
Radiology
Worcester, MA 01655

You are presently scheduled for reappointment at one or more UMass Memorial Healthcare Inc. hospitals*. As part of an ongoing effort to reduce practitioner paperwork, streamline processes and consolidate efforts system-wide, we will now be providing you with a single application which will cover all UMass Memorial Healthcare hospitals where you hold clinical privileges. In addition, upon completion of your recredentialing, you will be given a single consolidated reappointment date for each hospital in the system at which you hold clinical privileges (month of birth/year of license renewal).

*UMass Memorial Healthcare Inc. system hospitals include: Clinton Hospital, HealthAlliance Hospital, Marlborough Hospital, UMass Memorial Medical Center.

Please complete the application using the enclosed checklist as a guide. Signature pages and privilege request forms specific to each hospital at which you hold clinical privileges are also enclosed. Please sign/complete as indicated.

Please return all application materials no later than 4 weeks from the date of receipt of this application to ensure sufficient time is available for recredentialing and processing your request for renewal through appropriate committees.

If you have any questions, please do not hesitate to contact our office.

Return applications:

By scan: medicalstaffservices@umassmemorial.org
By fax: 508-334-8235
By mail: Medical Staff Services, 281 Lincoln Street, Suite HM2-212, Worcester, MA 01605

Contact information:

Medical Staff Services phone: 508-334-8015

umass, clinton, marlborough

RECEIVED MAR 30 2017

CONFIDENTIAL

UMM-03170

JFB

UMASS MEMORIAL MEDICAL CENTER
REVIEW AND ACTION FORMNAME: Charu S. Desai, M.D.
CATEGORY: Active
DEPARTMENT/DIVISION: Radiology

Please indicate your recommendation below:

DIVISION CHIEF (WHERE APPLICABLE)

- () I recommend the above-named applicant for reappointment and clinical privileges with no conditions.
 () I recommend the above-named applicant for reappointment, with no clinical privileges as Active Referring Medical Staff
 () I recommend the above-named applicant for reappointment and clinical privileges with conditions as follows:

- () I do not recommend the above-named applicant for clinical privileges and/or reappointment. Reason:

Signature _____ Date _____
 Division Chief

DEPARTMENT CHAIR

- (2) I recommend the above-named applicant for reappointment and clinical privileges with no conditions.
 () I recommend the above-named applicant for reappointment, with no clinical privileges as Active Referring Medical Staff
 () I recommend the above-named applicant for reappointment and clinical privileges with conditions as follows:

- () I do not recommend the above-named applicant for clinical privileges and/or reappointment. Reason:

Signature  Date 6/3/18
 Department Chair

Credentials Committee	Date: _____	Recommend _____	Not Recommended _____
Medical Staff Executive Committee	Date: _____	Recommend _____	Not Recommended _____
Board of Trustees (PCAC)	Date: _____	Approved _____	Not Approved _____

CONFIDENTIAL

PHYSICIAN PROFILE

**Marlborough Hospital
Clinical Privileges Request for Reappointment**

Practitioner Name: Charu S. Desai, M.D.

I have reviewed by current Delineation of Privileges and wish to: (Please Check One):

- ☒ Make No Changes
- ☐ Submit Revised Privilege form Attached
- ☐ Make the following changes (Specific changes must be listed here for review)

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and for which I wish to exercise for Marlborough Hospital.

Charu S. Desai M.D.
Practitioner Signature

3/26/2015
Date

ACKNOWLEDGEMENT OF MARLBOROUGH HOSPITAL DEPARTMENT CHIEF

The Delineation of Privileges for reappointment have been granted based on the review of the following data when available:

- ↓ Current Clinical Competence
- ↓ Affiliation References
- ↓ Admissions Data
- ↓ Procedures Performed
- ↓ Outcomes of Procedures Performed
- ↓ UR/QA Statistics
- ↓ Other Relevant Information

[Signature]
Marlborough Hospital Chief's Signature

6/19/15
Date

CONFIDENTIAL



Medical Center Medical Staff Services/Provider Enrollment
281 Lincoln Street
Suite HM2-212
Worcester, MA 01605
Tel: 508-334-8015
Fax: 508-334-8235

December 15, 2014

CONFIRMATION OF MEDICAL STAFF APPOINTMENT

Name: Charu S. Desai, M.D.
Appointment Date: 12/16/1991
Scheduled Reappointment Date: 07/11/2015
Resignation Date (Former Staff):
Department/Division: Radiology
Staff Category: Active

This will serve as verification that Charu S. Desai, M.D., has been credentialed by the UMass Memorial Medical Center, in compliance with state regulation, federal law and JCAHO standards. This individual has continually met this facility's standards for reappointment to the Medical Staff and for renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on review of the individual's credentials record.

Maureen A. Podesta

Maureen A. Podesta, CPMSM
Director, Medical Staff Services/Provider Enrollment

GOOD

CONFIDENTIAL

UMM-03178



Medical Center
Department of Medical Staff
Services / Provider Enrollment

11 Shattuck Street
Worcester, MA 01605-2192
Tel: 508-334-8015
Fax: 508-334-8235
medicalstaffservices@umassmemorial.org
www.umassmemorial.org

07/14/2011

Charu S. Desai, M.D.
UMass Memorial Medical Center
55 Lake Avenue North
Radiology
Worcester, MA 01655

Dear Dr. Desai:

On behalf of the UMass Memorial Medical Center Patient Care Assessment Committee, I am pleased to reappoint you to the Medical Staff.

Clinical Privileges in:	Radiology
Effective Dates:	07/14/2011 to 07/11/2013
Staff Category:	Active

Please note that UMass Memorial Medical Center has changed its reappointment cycle to the month of birth in the odd/even year of license renewal. This cycle has been selected to standardize the reappointment process throughout the UMass Memorial Healthcare System. In the future, when you apply for reappointment a single application process will cover your appointments at UMass Memorial Medical Center, Marlborough Hospital, Clinton Hospital, HealthAlliance Hospital and Wing Memorial Hospital (if you hold privileges at any of those facilities). This process is designed to reduce duplicate application processes that occur on different schedules. As part of this change, you **may** be required to reappointment in two consecutive years in order to change to the new cycle. After that, you will return to a two year cycle. We apologize for any inconvenience you may experience.

Your approved clinical privileges are delineated on the attached pages. If you have any questions regarding your approved privileges, please confer with the appropriate service chief.

As a reminder, for those who currently hold a faculty appointment with the University of Massachusetts Medical School, and are on the Active or Courtesy Medical Staff, your clinical privileges and medical staff membership are contingent upon maintenance of your faculty appointment.

Thank you for your continued support of the UMass Memorial Medical Center.

Sincerely,

A handwritten signature in cursive script that reads 'Stephen E. Tosi M.D.'
Stephen Tosi, M.D.
Chief Medical Officer

cc: Department Chair
Division Chief

The Clinical Partner of the
University of Massachusetts Medical School

CONFIDENTIAL

Online Verification System

Page 1 of 1



Sharon Bonner
Credentialing Spec.
UMass Memorial Medical Center
281 Lincoln Street
Worcester, MA 01605

May 18, 2017

CONFIRMATION OF APPOINTMENT

The information provided below applies only to the period of affiliation at UMass Memorial Medical Center.

Name:	Charu S. Desai, MD
Department/Division:	Radiology
Staff Category:	Active
Appointment:	Dec 16, 1991
Scheduled Reappointment:	July 9, 2017
Resignation Date, If Applicable:	

This letter will serve as confirmation that Charu S. Desai, MD, is/was credentialed by UMass Memorial Medical Center, in full compliance with Massachusetts State Regulation, Federal Law, NCQA and Joint Commission Standards.

This individual meets/met this facility's standards for reappointment and renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on a review of the individual's credentials record at UMass Memorial Medical Center.

If you have any questions regarding the above information, please contact our office at 508-334-8015.

Please note: UMass Memorial Medical Center includes the former Memorial Medical Center and University of Massachusetts Medical Center.

Sincerely,

Maureen A. Podesta, CPMSM

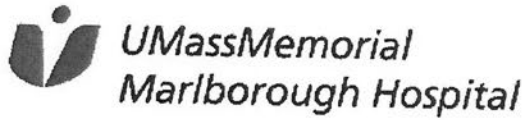
Maureen A. Podesta, CPMSM
Director, Medical Staff Services

<https://mso.umassmemorial.org/EchoNet/VerifPortal/FormsGenerate.asp?mainlink=591&t...> 5/18/2017

CONFIDENTIAL

Online Verification System

Page 1 of 1



HB

May 18, 2017

CONFIRMATION OF APPOINTMENT

Name: Charu S. Desai, MD
Department: Radiology
Staff Category: Courtesy
Dates of Affiliation: 02/05/2015 -
Temporary Privileges Granted: 02/05/2015
(only if different date from above)

This letter will serve as confirmation that Charu S. Desai, MD, is/was credentialed by Marlborough Hospital, in full compliance with Massachusetts State Regulation, Federal Law, and Joint Commission Standards.

This individual meets/met this facility's standards for appointment/reappointment and renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on a review of the individual's credentials record at Marlborough Hospital.

If you have any questions regarding the above information, please contact our office at 508-486-5435.

Sincerely,

Tiffany L. Caputo

Tiffany L. Caputo
Medical Staff Coordinator, Medical Staff Services

<https://mso.umassmemorial.org/EchoNet/VerifPortal/FormsGenerate.asp?mainlink=591&t...> 5/18/2017

CONFIDENTIAL

RED
4/13/15* Just
Appointed
to Clinton
4/30/15
Marlborough
2/5/15
JAB

Desai, Charu S., M.D.	Radiology, Radiology, Radiology	
Facilities: UMass Memorial Health Care, Clinton Hospital, Marlborough Hospital	Facilities Record Status: Current Medical Staff, Current Medical Staff, Current Medical Staff Facilities Reappt Date: 07/11/2015, 07/31/2015, 07/31/2015	Facilities Staff Status: Active, Provisional, Consultant, Provisional Courtesy
Provider Primary Phone: (774) 442-5160	Provider Email Address: Charu.Desai@umassmemorial.org	

**IMPORTANT!!!! If a checklist is already in Echo for a reappointment processed 1/1/12 or after
DO NOT DELETE THE CHECKLIST FROM THE PREVIOUS REAPPT-CHANGE IT TO PRIOR
CHECK OFF EACH ITEM ON THIS CHECKLIST AS YOU PROCESS THE APPLICATION. IT IS NOT COMPLETE UNLESS ALL
ITEMS ARE CHECKED!!!!!!**

Step	Action
1	Set-up checklist in Echo (provider name, checklists, + to add checklist – MSO1 Reapp If eICU/telestroke, etc. use that version). OPPE forms are inside of the folder and, if applicable Marlborough Data Bank. Hold until the application is ready to send to Chief/Chair. Follow-up at 3 weeks, then 2 weeks, then weekly emails with phone calls for returns and copy the department/division contact). If provider holds privileges at a member hospital, copy contact at member hospital Medical Staff Office to ensure they are aware of the status of the application. Use read receipt on all notices. It will be the responsibility of the member hospital contact to their chief/chair regarding any delinquent applicants for that site based on receipt of these notices. We will be responsible for contacting the UMMMC chief/chair for any delinquent UMMMC reappointments.
2	Jill will date stamp any returned applications and put them on the reappointment processing table. They will be sorted daily into the appropriate month assignment, and logged date of return on roster.
3	Credentialing Specialist will take applications from the most current working month (if there are applications for May and June, take only from May. If there are no returns in the May bucket, then take from June). Initial roster to indicate you have taken the application. If provider is eICU or telestroke, it will be marked as eICU or telestroke and given to Chrissy.
4	Send an email to the other facilities where privileges are held informing them that the application has been received and is in process and that you will follow-up with another email when complete.
5	If covered by UMass Memorial Self Insurance Program, log the coverage renewal application and send only the coverage renewal form interoffice or scan to Judy Anti in Claims Management.
6	Use the checklist as best and as fully as you can. Do not scan the individual documents/verifications (exception member hospital pages) into the individual line items. Use the notes (looks like a notebook far to the right), to log any comments.
7	Scan the privileges and signature forms specific to UMMMC and any of the member hospitals, into the checklist where noted. If Marlborough privileges, include the Marlborough Data Bank in the folder in this area for scanning. NOTE: for HealthAlliance, scan the UMMMC requested Delineation of Privileges for any NPs or PA's as signed by the provider and the UMMMC supervising, in along with the HealthAlliance forms.
8	Enter any profile changes into Echo. Be careful in reviewing profile for changes that are hospital-specific (category changes, etc. they will need to be entered under that hospital and not globally). Any changes regarding address, phone, beeper, etc – please copy that page of the application and put in the bucket for address changes and include your initials on the form so Deb knows who to refer to for questions.
9	Run standard reappointment verifications (3 years: clinical practice, training. 10 years: malpractice) certificates or other specialty boards, licenses all applicable states*, OIG, EPLS, Sex Offender Registry, NPDB/PDS, etc. per checklist. Request the three peer references if the provider holds privileges at any of the member hospitals, or if it has been checked off to request on the OPPE form.
10	If provider has privileges at UMass Memorial, AND any member hospitals – run a verification letter for UMass Memorial. If just UMass Memorial, this step is not required.
11	Refer any claims histories, discipline, sanctions, criminal, health issues, complaints, etc. issues reported or collected during the credentialing process to Maureen.
12	When complete scan the application, including OPPE (for member hospitals remove the cover signature page and send only the Crimson report pages), and verifications (not the NPDB) into the "Complete Final Application" field in checklist. Send notice to member hospital representatives informing them application is ready and they can pull from "Complete Final Application" in checklist and their hospital's specific privileges/signature forms. DO NOT SCAN IN INCOMPLETE APPLICATIONS. IF INCOMPLETE, CONFIRM WITH THE MEMBER HOSPITAL THAT THEY WANT THE INCOMPLETE APPLICATION DUE TO TIMING URGENCY AND SCAN IN AN EMAIL TO THEM. WHEN THE APPLICATION IS FULLY COMPLETE, THEN SCAN IN ECHO FOR THE RECORD.
13	Take the application with the UMMMC specific privileges and supporting documentation, and process through UMMMC chair/chief (do not send signature pages or privilege forms for the other hospitals)

Processor's notes: _____

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Medical Center Medical Staff Services/Provider Enrollment
281 Lincoln Street
Suite HM2-212
Worcester, MA 01605
Tel: 508-334-8015
Fax: 508-334-8235

May 5, 2015

CONFIRMATION OF MEDICAL STAFF APPOINTMENT

Name: Charu S. Desai, M.D.
Appointment Date: 12/16/1991
Scheduled Reappointment Date: 07/11/2015
Resignation Date (Former Staff):
Department/Division: Radiology
Staff Category: Active

This will serve as verification that Charu S. Desai, M.D., has been credentialed by the UMass Memorial Medical Center, in compliance with state regulation, federal law and JCAHO standards. This individual has continually met this facility's standards for reappointment to the Medical Staff and for renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on review of the individual's credentials record.

Maureen A. Podesta

Maureen A. Podesta, CPMSM
Director, Medical Staff Services/Provider Enrollment

CONFIDENTIAL



157 Union Street
Marlborough, MA 01752
Tel: 508-481-5000

July 11, 2017

Charu S. Desai, MD
UMass Memorial Medical Center
55 Lake Avenue North
Worcester, MA 01655

Dear Dr. Desai:

On behalf of the Marlborough Hospital Patient Care Assessment Committee, I am pleased to reappoint you to the Medical Staff.

Clinical Privileges in:	Radiology
Effective Dates:	07/31/2017 to 07/31/2019
Staff Category:	Courtesy

Your approved clinical privileges are delineated on the attached pages. If you have any questions regarding your approved privileges, please confer with the appropriate service chief.

Thank you for your continued support of Marlborough Hospital.

Sincerely,

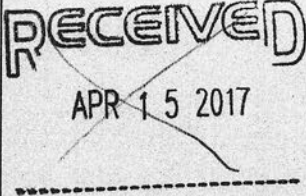
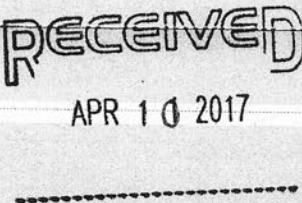
A handwritten signature in black ink, appearing to be 'S. Roach', written over the word 'Sincerely' and above the printed name.

Steven P. Roach
President and CEO

CONFIDENTIAL

VENDOR NO. 210671

UMass Memorial Medical Group, Inc. WORCESTER, MA 01605 CHECK NO 0050473130

INVOICE NO.	CODE	DESCRIPTION	GROSS AMT.	DISCOUNT	NET AMT.
DUES-65-RA-17 Msg: CK TO DAVE G		3/27/2017 FOR BACKUP	6,500.00	.00	6,500.00
					
					
			6,500.00	.00	6,500.00

State Sales Tax Exemption No. 04-2911067

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UMass Memorial Medical Group, Inc.

Accounts Payable Department
306 Belmont St, Suite 150
Worcester, MA 01604

BANK OF AMERICA
WORCESTER, MA

51-44
119

No. 0050473130

CHECK DATE
3/30/17

PAY Six Thousand Five Hundred and 00/100 Dollars

CHECK AMOUNT

****6,500.00

TO
THE
ORDER
OF

MARLBOROUGH HOSP MED STAFF
157 UNION ST
MEDICAL STAFF OFFICE D-9
MARLBOROUGH MA 01752



Eric W. Decker

AUTHORIZED SIGNATURE(S)

(1 MANUAL SIGNATURE REQUIRED FOR \$100,000 OR OVER)

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

⑈0050473130⑈ ⑆011900445⑆0000054083⑈

CONFIDENTIAL

2015

Desai, Charu S., M.D.

UMass Memorial Medical Center
OPPE 9 Month () Reappointment (X)

Run Date: March 17, 2016

Charu S. Desai, M.D. Radiology Active	
UMass Memorial Medical Center 55 Lake Avenue North Radiology Worcester, MA 01655 (774) 442-5160	Practice Type: UMMMG Employee Initial Privileges Issue Date: 12/16/1981 Scheduled Reappointment Date: 07/11/2016

Signature Division Chief/Vice Chair (where applicable) _____ Date _____

Signature Department Chair Markus _____ Date 6/5/15**Please check off one of the following:**

<input checked="" type="checkbox"/>	In review of this medical staff member, there are no issues which require focused review or peer review. Continuation of privileges is recommended.
<input type="checkbox"/>	In review of this medical staff member, issues have been identified which may require focused review or peer review. (Medical Staff Services will contact you for further information).
<input type="checkbox"/>	Focused Review/Peer Review is currently in process, or has already been requested, for this medical staff member.

Please check off one of the following:

COMPETENCIES	Excellent	Good	Fair/Poor	Unknown
Provision of Patient Care: Including performance of requested privileges, clinical and technical skills which are appropriate and effective and for the promotion of health, access and coordination of care.	✓			
Medical and Clinical Knowledge: Including current knowledge of clinical, biomedical and social sciences that apply to patient care, and awareness of best practices.	✓			
Professionalism: Including character, ethos, integrity, understanding of diversity, and responsibility.	✓			
Physical and Mental competence.	✓			
Participation in teaching activities (if practitioner holds a faculty appointment)	✓			
Interpersonal & communication skills: Including effective communication with patients and families, involves patients in care, communicates effectively with physician colleagues and non-physician co-workers.	✓			
Practice-Based Learning and Improvement: Including learning and investigation, evaluation and improvement.	✓			
Systems-Based Practice: Including understanding of systems of care, participating in quality audits, working with others to redesign systems as needed, practices cost-effective care.	✓			
Compliance: Including compliance with bylaws, rules and regulations, policies and procedures.	✓			

REAPPOINTMENT ONLY (not required for Interim OPPE) Please check off one of the following:

<input checked="" type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff, and for clinical privileges (as applicable to category of staff), with NO conditions.	
<input type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff, and for Clinical privileges (as applicable to category of staff), WITH CONDITIONS.	Conditions: _____
<input type="checkbox"/>	I have no direct knowledge of this applicant's current clinical competence. Based on review of peer references, and any OPPE information available, I recommend reappointment and clinical privileges.	
<input type="checkbox"/>	I recommend this applicant for reappointment to the Medical Staff. Request applicant change category to Active Referring (does not require clinical privileges).	
<input type="checkbox"/>	I do not recommend this applicant for clinical privileges and/or reappointment to the Medical Staff. Please attach explanation.	

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157 Union Street
Marlborough, MA 01752
Tel: 508-481-5000

February 9, 2015

Charu S. Desai, M.D.
UMass Memorial Medical Center
55 Lake Avenue North
Radiology
Worcester, MA 01655

Dear Dr. Desai:

On behalf of the Marlborough Hospital Patient Care Assessment Committee, I am pleased to appoint you to the Medical Staff.

Department/Division: Radiology
Effective Dates: 02/05/2015 to 07/31/2015
Staff Category: Provisional Courtesy

Your appointment will be effective through the expiration date noted above, at which time you will be considered for reappointment.

Reappointments will be based on month of birth in the odd or even year to match your license renewal. Joint Commission standards do not allow us to extend privileges beyond a 24 month period. In order to comply with that standard, and to place you on a birth-month/license year schedule (UMass Memorial Health Care System standard), you **may** be required to reappoint two years in a row. This would be a one time effort. We apologize for this inconvenience. However, for those who hold privileges at more than one UMass Memorial Health Care System hospital, this will ensure you have only one reappointment application process to cover all member hospitals going forward.

Your approved clinical privileges are delineated on the attached pages (exception Active Referring for which clinical privileges do not apply). If you have any questions regarding your approved privileges, please confer with the appropriate service chief.

Welcome to Marlborough Hospital.

Sincerely,



Steven P. Roach
President and CEO

CONFIDENTIAL

Radiology 2014

Page 1 of 3

**Marlborough Hospital
Delineation of Clinical Privileges
Department of Radiology
(Includes Nuclear Medicine)**

Applicant: CHARV SHIKESH DESAI **Appointment** ☒ **Reappointment** ☐

Medical Staff Membership/Clinical Privileges

All applicants for clinical privileges must meet at least the following minimum qualifications for Medical Staff membership as set forth in the Marlborough Hospital Bylaws.

- ◆ Valid license to practice medicine in Massachusetts
- ◆ Malpractice insurance coverage (in an amount that satisfies state regulations and Hospital policy)
- ◆ Prescriptive registration (as applicable to specialty)
- ◆ Completion of medical school
- ◆ Satisfactory completion of post-graduate training program(s)
- ◆ Current clinical competence in the procedures being requested
- ◆ Adherence to the ethics of profession
- ◆ Ability to work cooperatively with others

Criteria Specific to the Department of Radiology

Applicants for clinical privileges in the Department of Radiology must have completed an ACGME approved residency training program in Radiology, or its international equivalent. Certification by the American Board of Radiology or be an active candidate for certification.

Criteria Specific to Nuclear Medicine

Applicants must have satisfactorily completed an ACGME-accredited residency program in Nuclear Medicine and must be certified by the American Board of Nuclear Medicine or be an active candidate for certification. Applicants for privileges in Nuclear Cardiology must be certified by the American Board of Nuclear Medicine, with Added Qualifications in Nuclear Cardiology, or an active candidate for such certification. Recertification is required for those certified by the American Board of Nuclear Medicine in 1992 or later.

Criteria for Specific Procedures

Diagnostic Ultrasound: Initial Appointment: Completion of an ACGME-accredited residency program with at least three months of diagnostic ultrasound training. During training applicant should have been involved in at least 500 diagnostic ultrasound examinations. **OR**, if residency training did not include ultrasound, applicant should have completed an appropriate fellowship or post-graduate training program during which the physician should have been involved in the performance and interpretation of at least 500 ultrasound examinations. **OR**, qualifications may be fulfilled by those physicians who completed residency prior to the existence of defined fellowships or residency training. Such individuals shall have completed residency prior to 1982, and have performed and interpreted ultrasound examinations for at least 10 years and been involved in at least 500 ultrasound examinations. **OR**, in the absence of formal fellowship or training, documentation of clinical experience of at least two years of ultrasound experience during which a minimum of 500 ultrasound examinations were performed and interpreted. **OR**, certification in Diagnostic Radiology by the American Board of Radiology.

Renewal of privileges: A minimum of 300 examinations per year is recommended and appropriate CME in diagnostic ultrasound.

Stereotactically Guided Breast Interventional Procedures: New Appointments: Completion of an ACGME-accredited residency program or fellowship program including specific training in stereotactically guided breast interventional procedures. **OR**, two months of full-time documented formal training in the interpretation of mammograms, including instruction in medical radiation physics, radiation effects, and radiation protection. **Renewal of privileges:** Applicant must interpret on a regular basis, a minimum of 480 mammograms per year is recommended, and participation in mammography CME programs.

Performance of Ultrasound Guided Percutaneous Breast Interventional Procedures: New Appointments: Completion of an ACGME-accredited residency program with 3 or more months of dedicated formal diagnostic ultrasound training, including breast ultrasound. **OR**, if residency did not include ultrasound, appropriate fellowship or post-graduate training during which physician should have been involved with the performance and interpretation of at least 500 ultrasound examinations. **OR**, in the absence of residency training, formal fellowship or post-graduate education, documentation of clinical experience could be acceptable provided it can be established that applicant has had at least two years of ultrasound experience during which a minimum of 500 general or 100 breast ultrasound examinations were performed and interpreted. **Renewal of privileges:** Regular performance and interpretation of breast ultrasonographic examinations, documented performance of at least 12 percutaneous ultrasound guided breast interventional procedures per year, and participation in related CME Courses.

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Radiology 2014

Page 2 of 3

Name: _____

Moderate Sedation. Initial applicants for moderate sedation privileges must complete the moderate sedation credentialing package. Current ACLS certification is required. Reappointment applicants must have a minimum of and proof of at least 20 cases and current ACLS certification.

N=Neonatal

C=Child

A=Adolescent

AD=Adult

G=Geriatrics

Privileges	Age Groups N, C, A, AD, G	Requested	Recommend	Approved	Comments
Admitting Privileges Active & Courtesy Staff Only					
History and Physical					
CT Image interpretation and supervision	slf	✓	✓		
MR image interpretation and supervision					
MR image interpretation and supervision					
X-ray and fluoroscopy image interpretation and supervision	slf	✓	✓		
General nuclear medicine (non cardiac) image interpretation and supervision					
Mammography image interpretation and supervision					
Moderate sedation					Initial exam required Requires ongoing current ACLS certification and proof of minimum number of cases In compliance with moderate sedation policy
Fluoroscopic guided intervention including arthrography, catheter placement, IVC filter, myelography and injection					
CT guided Intervention including needle biopsy, catheter placement and injection					
US guided Intervention including needle biopsy, catheter placement and injection					
MRI guided intervention including MRI guided breast biopsy					
Mammography and stereotactic intervention including wire localization and stereotactic biopsy					
Nuclear medicine diagnostic intervention including injection for sentinel node localization					

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Desai, Charu S., MD

UMASS MEMORIAL HEALTH CARE
REAPPOINTMENT APPRAISAL/RECOMMENDATION FORM

Charu S. Desai, MD

Provisional Courtesy

Radiology

1. How often does this applicant use Marlborough Hospital facilities? ☐ Frequently ☐ Occasionally ☐ Never

2. Please complete the following evaluation.

	Excellent	Good	Fair	Poor	Unknown	Comments
DELINEATION OF PRIVILEGES	<input checked="" type="checkbox"/>					
CURRENT COMPETENCE	<input checked="" type="checkbox"/>					
HEALTH STATUS	<input checked="" type="checkbox"/>					
AVAILABILITY	<input checked="" type="checkbox"/>					
ETHICS & CONDUCT	<input checked="" type="checkbox"/>					
COOPERATION WITH HOSPITAL PERSONNEL	<input checked="" type="checkbox"/>					
FREQUENCY OF USE OF HOSPITAL FACILITY	<input checked="" type="checkbox"/>					
RELATIONSHIP WITH OTHER PRACTITIONERS & ANCILLARY STAFF	<input checked="" type="checkbox"/>					
RELATIONSHIP WITH PATIENTS	<input checked="" type="checkbox"/>					
REVIEW & QUALITY ASSURANCE FINDINGS	<input checked="" type="checkbox"/>					
MEDICAL RECORD PREPARATION & COMPLETION	<input checked="" type="checkbox"/>					
MEETING/COMMITTEE ATTENDANCE	<input checked="" type="checkbox"/>					

Other Comments regarding this applicant: n/p3. Please ☒ Recommendations

Comments

<input checked="" type="checkbox"/>	I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with no conditions.	
	I recommend the applicant for reappointment to the Medical Staff, and for renewal of clinical privileges, with conditions.	Conditions:
	I have no direct knowledge of this individual's current clinical competence. Based on a review of the credentials file, including assessment by others familiar with this individual's current clinical competence, reappointment and renewal of clinical privileges is recommended.	
	I do not recommend the applicant for reappointment or renewal of clinical privileges. A written explanation is attached.	
	Other: (Explain):	

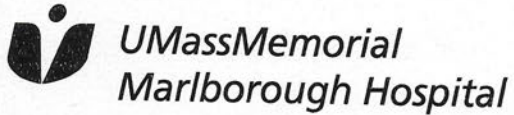
Signature, Division Chief (if applicable) ALDate 6/19/15

Signature, Department Chief _____

Date _____

CONFIDENTIAL

Exhibit FFFF



157 Union Street
Marlborough, MA 01752
Tel: 508-481-5000
www.umassmemorial.org

April 4, 2019

Charu S. Desai, MD
UMass Memorial Medical Center
55 Lake Avenue North
Worcester, MA 01655

Dear Dr. Desai:

Marlborough Hospital has accepted your resignation as a member of the Department of Radiology with regret.

Thank you very much for your service to Marlborough Hospital.

Sincerely,

A handwritten signature in black ink, appearing to be 'SD' with a long horizontal stroke extending to the right.

Steven P. Roach
President and CEO

CONFIDENTIAL

Exhibit GGGG

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO. 4:19-cv-10520-DHH

CHARU DESAI,
Plaintiff,

v.

UMASS MEMORIAL MEDICAL
CENTER, INC., et al.,
Defendants.

**AFFIDAVIT OF
STEVEN P. ROACH**

I, Steven P. Roach, hereby depose and state as follows:

1. I am the President of Marlborough Hospital, and in this capacity I have personal knowledge of the facts set forth herein.
2. Marlborough Hospital does not employ any physicians who provide medical care at Marlborough Hospital.
3. Radiologists employed by UMass Memorial Medical Group, Inc., provide radiology services to Marlborough Hospital pursuant to a Professional Services Agreement. Marlborough Hospital does not employ the radiologists who perform services under this Agreement.
4. Marlborough Hospital has never employed Charu Desai, M.D.
5. All physicians are required to be credentialed and appointed as members of the medical staff in order to have privileges to provide medical care to patients at Marlborough Hospital.
6. Physicians who are credentialed and appointed as members of the medical staff are not employees of Marlborough Hospital.

7. Dr. Charu Desai formerly served as a member of Marlborough Hospital's medical staff, providing radiology services for patients of Marlborough Hospital as a member of its medical staff.

8. On April 4, 2019, I signed a letter to Charu S. Desai, M.D., in which I stated: "Marlborough Hospital has accepted your resignation as a member of the Department of Radiology with regret. Thank you very much for your service to Marlborough Hospital." A copy of this letter is attached as **Exhibit A**.

9. This letter was in reference to Dr. Desai's resignation as a member of Marlborough Hospital's medical staff, and was thanking her for her service to Marlborough Hospital as a member of its medical staff.

10. This letter was generated as a result of the Medical Staff Services Office being notified that Dr. Desai's employment with UMass Memorial Medical Group, Inc., was ending, and was sent to Dr. Desai as confirmation of the corresponding termination of her medical staff privileges at Marlborough Hospital.

11. This letter was not in reference to Dr. Desai's resignation of employment by Marlborough Hospital, as she was never employed by Marlborough Hospital, nor did she have any other relationship with Marlborough Hospital other than providing radiology services under Marlborough Hospital's Professional Services Agreement with Dr. Desai's employer, UMass Medical Group, Inc.

12. At no time did Marlborough Hospital restrict the privileges of Dr. Desai to perform reads of CT images.

13. Marlborough Hospital did not participate in the decision to end Dr. Desai's employment with UMass Medical Group, Inc.

Signed under pains and penalties of perjury this 6 day of December 2021.



Steven Roach

EXHIBIT A



157 Union Street
Marlborough, MA 01752
Tel: 508-481-5000
www.umassmemorial.org

April 4, 2019

Charu S. Desai, MD
UMass Memorial Medical Center
55 Lake Avenue North
Worcester, MA 01655

Dear Dr. Desai:

Marlborough Hospital has accepted your resignation as a member of the Department of Radiology with regret.

Thank you very much for your service to Marlborough Hospital.

Sincerely,

A handwritten signature in black ink, appearing to be 'SD' with a long horizontal stroke extending to the right.

Steven P. Roach
President and CEO

CONFIDENTIAL

Exhibit HHHH

UMassMemorial

EMPLOYEE SEPARATION FORM
(to be used for employees on the UMass Memorial Payroll)
Please note: This form is not for Internal Transfers
(for internal transfers use the Employee Change Form located on the tab below)

Upon receipt of resignation of employment (including discharge), this form must be completed, signed, and forwarded promptly to the HRIS Mailbox (HRIS.Mailbox@umassmemorial.org) or faxed to the HR Records Dept at (508) 793-5671 to ensure timely processing of terminal benefits (unused earned time, vacation and personal time accruals), and ensure security deactivation.

For Immediate Discharges: you can complete the IS Security Access Form (located on Ournet - Administrative - Information Systems - Groups and Teams - Information Security - Information Security Forms and Agreements) or Contact your Business Partner for Assistance

Name: Charu Desai Employee Number: 18101

Cost Center Name: CHEST THORACIC RADIOLOGY

Corp	Div	Dept	Cost Center
340	00	ARAD	2113

Last Day Worked: 03/15/19 Official Separation date: 3-15-19

Offer Exit Interview with HR Business Partner ☐ Yes ☒ No

Resignation letter Date: 03/09/18 (notify HR Business Partner if all properties/monies are not returned)

With a resignation payroll will mail the final check(s) including accrual check to the employee

Reason for Termination: (Check all that apply)

<input type="checkbox"/> Conflict with other employees	<input type="checkbox"/> Higher Pay	<input type="checkbox"/> Benefits	<input type="checkbox"/> Conflict with Manager/Supervisor
<input type="checkbox"/> Family and/or personal reasons	<input type="checkbox"/> Career Change	<input type="checkbox"/> Commute	<input type="checkbox"/> Performance Issues
<input type="checkbox"/> Better Job Opportunity	<input type="checkbox"/> Relocate/move	<input type="checkbox"/> Company Instability	<input checked="" type="checkbox"/> Other - Please note in comments <u>RETIREMENT</u>

Comments:

Please pay out dr. Desai's 688.72 hours of vacation B bank time. She will also be owed 19 regular vacation days (152 hours). Notice given to physician

Would you re-employ this person?
☐ Yes ☐ No ☒ Maybe Please note: An explanation is required if "No" or "Maybe" are selected

Explanation: SEE KATH LEBLANC FOR REHIRE INFO

Immediate Supervisor: [Signature] Date: -

Department Head: [Signature] Date: 11/30/18

Has all UMMHC property been retrieved and returned to the appropriate departments? ☐ Yes ☐ No

Supervisors:
 Give employee Form 0590-A How to File for Unemployment Insurance Benefits, located at <http://www.mass.gov/lwd/docs/dua/0590a-508.pdf>
 HR Records should receive the Employee Separation Form and a letter of resignation, if submitted.
 Kronos badges must be submitted to the Payroll Department, Employee ID's/Parking badges must be submitted to the Campus Public Safety Office
 For Benefits related questions, have employee contact the Benefits Contact Center, (508) 334-8511
 For questions about this form, please contact your HR Business Partner or the HR Records Department

UMM 00252

Exhibit III

Radiologists separated from UMass Memorial Medical Group since January 1, 2015.

	Name	Separation Date	Reason
1		3/1/2015	Voluntary
2		3/15/2015	Voluntary
3		5/31/2015	Voluntary
4		6/30/2015	Unknown
5		7/18/2015	Resigned Following Discussion of Performance Concerns
6		8/28/2015	Voluntary
7		9/11/2015	Voluntary
8		9/11/2015	Voluntary
9		11/24/2015	Retired
10		12/12/2015	Resigned Following Discussion of Performance Concerns
11		1/1/2016	Retired Following Discussion of Performance Concerns
12		2/1/2016	Per Diem – No Longer Needed
13		2/25/2016	Voluntary
14		4/29/2016	Voluntary
15		5/13/2016	Voluntary (since re-hired)
16		6/11/2016	Per Diem - No Longer Needed
17		7/1/2016	Retired
18		9/30/2016	Voluntary
19		10/13/2016	Voluntary
20		11/4/2016	Voluntary
21		1/9/2017	Voluntary
22		4/5/2017	Voluntary
23		5/17/2017	Voluntary
24		5/31/2017	Resigned Following Discussion of Performance Concerns
25		6/23/2017	Resigned Following Discussion of Performance Concerns
26		6/30/2017	Voluntary
27		6/30/2017	Voluntary

28			12/31/2017	Retired
29			1/30/2018	Voluntary
30			2/1/2018	Voluntary
31			2/13/2018	Per Diem - No Longer Needed
32			6/1/2018	Resigned Following Discussion of Performance Concerns
33			6/30/2018	Per Diem - No Longer Needed
34			6/30/2018	Per Diem - No Longer Needed
35			7/30/2018	Voluntary
36			8/17/2018	Voluntary
37			10/10/2018	Per Diem - No Longer Needed
38			2/22/2019	Voluntary
39	Charu Desai, M.D.		3/15/2019	Involuntary - Performance
40			5/25/2019	Voluntary
41		M.D.	6/3/2019	Per Diem - No Longer Needed
42			7/8/2019	Voluntary
43			7/23/2019	Voluntary
44			8/30/2019	Voluntary
45			10/16/2019	Retired
46			11/15/2019	Voluntary
47		M	1/7/2020	Voluntary
48			4/15/2020	Voluntary
49			4/30/2020	Per Diem - No Longer Needed
50			7/11/2020	Voluntary
51			9/10/2020	Voluntary
52			10/31/2020	Retired

Exhibit JJJJ



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
www.umassmemorial.org

February 8, 2018

Max Rosen, MD, MPH
Chair, Department of Radiology
UMass Memorial Medical Center
55 Lake Avenue North
Worcester, MA 01655

Dear Dr. Rosen,

It gives me great pleasure to write this letter in support of Dr. Girish Tyagi who is being considered at the rank of Assistant Professor of Radiology on the non-tenure track at UMMS.

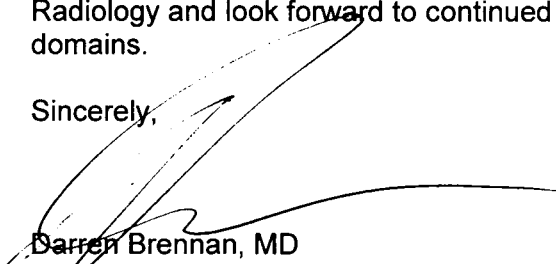
I have known Dr. Tyagi personally as a colleague when he rejoined the staff at Beth Israel Medical Center in 2005. Both he and I worked in the Department of Abdominal Imaging and Intervention as well as the Department of Community Radiology at Beth Israel. I was subsequently delighted to be able to hire him in a similar role here at UMMMC where he has continued to excel in his clinical duties.

Dr. Tyagi brings a unique background to radio having obtained an MBA and CFA and worked as an analyst in the healthcare field for many years. His sharp analytical acumen serves him well both in his job as a radiologist as well as in the area of health care delivery, in which he excels. As the field of health care economics rapidly evolves, I find Girish's knowledge of the economics of healthcare and healthcare delivery to be invaluable.

Girish has a strong background and has published extensively in the field of cross-sectional interventional radiology. I have observed him on multiple occasions and can attest to his skill set and professionalism in the fields of diagnostic and interventional radiology.

I have no reservations in recommending Dr. Tyagi for the position of Assistant Professor of Radiology and look forward to continued collaboration with him both in clinical and research domains.

Sincerely,



Darren Brennan, MD
Associate Professor of Radiology
Vice Chair of Community Radiology

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UMM-26505

Exhibit KKKK

To: Rosen, Max[Max.Rosen@umassmemorial.org]
Cc: Dill, Karin[Karin.Dill@umassmemorial.org]
From: Dill, Karin
Sent: Tue 11/7/2017 10:44:19 AM
Subject: Confidential — — Fwd: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy
[image001.jpg](#)

Hi Max

FYI to keep you in loop. This congenital heart pt (below) left our system after Dr [REDACTED] refused to send CHD protocol via email, requested at least 3 times. This is a big loss when growing a program. Not sure she understands how to be a partner in growing such a program. I have made her aware the she needs to turn CHD protocols around promptly, regardless of how epic is functioning.

I have concerns about this, as the service has been grown completely from reputation and word-of-mouth. This could kill our referrals, particularly for CHD, a potentially huge business out here.

Thanks
Karin

Begin forwarded message:

From: "Dill, Karin" <Karin.Dill@umassmemorial.org>
Date: November 7, 2017 at 10:36:09 AM EST
To: Patti Friend <PATTIFR@shcpo.shields.com>
Cc: [REDACTED] Mariah Sa
<MARIAHB@shields.com>, Nicole Powers <NICOLEP@shields.com>
Subject: Re: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy

Disappointing. Let's all work to stay on top of protocols w goal of 24 hour turn around.
Thanks
Karin

On Nov 7, 2017, at 10:13 AM, Patti Friend <PATTIFR@shcpo.shields.com> wrote:

I've left this Pt 2 messages since I received the Protocol and the Pt hasn't called back.
So I just called the MD's office to see if she ended up going to Boston like she said she was going to do and Debbie (Secretary) stated she did, and asked that I cancel this.

Just keeping you in the loop

From: [REDACTED]
Sent: Friday, November 03, 2017 11:57 AM
To: Patti Friend
Cc: Mariah Sa; Dill, Karin; Nicole Powers
Subject: RE: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can

not be done this week. Please f/u/ thank you peggy

I need to be on site for all CHD cases.

Please schedule on Wed mornings.

I am available and will be scheduled to be at Schrewsbury St. all Wed in Nov and Dec except for Dec 27.

Thanks

Laurie

From: Patti Friend [mailto:PATTIFR@shcpo.shields.com]

Sent: Friday, November 03, 2017 11:55 AM

To: Sena, Laureen <[REDACTED]>

Cc: Mariah Sa <MARIAHB@shields.com>; Dill, Karin <Karin.Dill@umassmemorial.org>; Nicole Powers <NICOLEP@shields.com>

Subject: RE: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy

Thank you.

Do you need to be on site for this case?

From: [REDACTED]

Sent: Friday, November 03, 2017 11:53 AM

To: Patti Friend

Cc: Mariah Sa; Dill, Karin; Nicole Powers

Subject: RE: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy

CHD protocol with contrast.

Routine cine SSFP ventricular short axis, 2C LV and RV, RVOT, 4C stack and 3C. Also LVOT

Flows – MPA, Ao, RPA, LPA, AVV

MRA pulm veins

Delayed enhancement

Exam needs a 1 ½ hour slot please

Laurie

From: Patti Friend [mailto:PATTIFR@shcpo.shields.com]

Sent: Friday, November 03, 2017 11:47 AM

To: [REDACTED]

Cc: Mariah Sa <MARIAHB@shields.com>; Dill, Karin <Karin.Dill@umassmemorial.org>; Nicole Powers <NICOLEP@shields.com>

Subject: FW: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy

Importance: High

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UMM-30047

Hi Dr [REDACTED]

This Pt has been calling to book her MRI

I know there's issues with being able to see this Patient in Epic.

But prior to the change, I sent this in an email 3x for Protocol hoping we could get her in STAT.

Is there any way you can Protocol this asap so we do not lose the Patient?

See email below from scheduler (Sent on Monday 10/30)→

Thank you,

~*Patti*~

From: Peggy Civilik

Sent: Monday, October 30, 2017 9:00 AM

To: UMASS Front Office

Subject: pt is asking why cardiac is taking so long to book. Pt may go to Boston if this can not be done this week. Please f/u/ thank you peggy

Importance: High

Facility UMass MRI and Imaging - Shrewsbury St

Exam Accession # [REDACTED]

Appt Date Dec 25, 2070

Appt Time 09:30 **Appt End Time** 10:40

Umass Siem Espr2 1.5

Patient Information Home: [REDACTED] Work: Cell: Text: Other:

Patient Type Routine

Peggy Civilik

Customer Care Representative

P: 508-897-3205

peggy@c@shields.com: Have you seen it? Tom Brady (and his Super Bowl rings) are in Shields' new TV commercial! Check it out [here](#)

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UMM-30048

Exhibit LLLL

Joseph T. Ferrucci, M.D.**Academic Appointments:**

1968-69	Assistant in Radiology, Harvard Medical School
1970-71	Instructor in Radiology, Harvard Medical School
1971-74	Assistant Professor of Radiology, Harvard Medical School
1974-81	Associate Professor of Radiology, Harvard Medical School
1981-1992	Professor of Radiology, Harvard Medical School
1992-2007	Professor of Radiology, Boston University School of Medicine
2007-present	Professor of Radiology, University of Massachusetts Medical School

Hospital Appointments:

1969-70	Assistant in Radiology, Massachusetts General Hospital
1970-71	Assistant Radiologist, Massachusetts General Hospital
1971-75	Associate Radiologist, Massachusetts General Hospital
1976-1992	Radiologist, Massachusetts General Hospital
1987-1995	Radiologist-in-Chief, Chelsea Soldiers Home, Boston, MA
1992-2004	Chairman, Department of Radiology, Boston University School of Medicine
1992-1996	Radiologist-in-Chief, University Hospital, Boston, MA
1992-1996	Radiologist-in-Chief, Boston City Hospital, Boston, MA
1996-2004	Chief, Division of Radiology, Boston Medical Center, Boston, MA
2007-2012	Chair, Dept. of Radiology, UMass Medical School and UMass Memorial Medical Center. Worcester. MA

Other Professional Positions and Major Visiting Appointments:

1973-84	Director, Annual Postgraduate Course in Abdominal Radiology, Harvard Medical School
1977	Visiting Professor, Department of Radiology, Tufts University,
1978	Visiting Professor, Department of Radiology, Yale Univ
1980	Visiting Professor, Department of Radiology, Mayo Clinic
1980	Visiting Professor, Department of Radiology, Univ of Cincinnati,
1981	Visiting Professor, Department of Radiology, Cornell University,
1981	Visiting Professor, Department of Radiology, Columbia University
1982	Visiting Professor, Department of Radiology, Yale Univ
1983	Visiting Professor, Department of Radiology, Univ of Pittsburgh
1983	Visiting Professor, Department of Radiology, Indiana Univ Indianapolis
1984	Visiting Professor, University of Wisconsin, Milwaukee

Exhibit MMMM

<u>Name</u>	<u>DOB</u>	<u>Bates #</u>	<u>Hire Date</u>	<u>Bates #</u>	<u>Age at Hire</u>	<u>Separated?</u>	<u>Bates #</u>	<u>Age at Separation</u>	<u>Per Diem? (Y/N/Date?)</u>	<u>Bates #</u>
	1/9/1983	UMM-05015	8/31/2016	UMM-05022	33 years old				No	
	6/25/1959	UMM-05172	6/30/1991	UMM-05264	32 years old				(Appears Part-Time)	
	11/7/1983	UMM-05409	8/31/2016	UMM-05423	32 years old	6/1/2018	UMM-05409	34 years old	Yes, 9/30/2017	UMM-09145
	3/19/1973	UMM-05436	7/19/2010	UMM-05640	37 years old	7/18/2015	UMM-05666	42 years old	No	
	3/25/1984	UMM-05991	7/10/2017	UMM-06107	33 years old	7/23/2019	UMM-06156	35 years old	No	
	3/21/1978	UMM-06223	7/1/2010	UMM-06454	32 years old				No	
	3/2/1927	UMM-06952	3/27/2011	UMM-06960	84 years old	11/24/2015	UMM-06911	88 years old	Yes, 11/24/15	UMM-06911
	6/9/1977	UMM-06988	12/31/2018	UMM-06988	41 years old				No	
	12/27/1944	UMM-07009	6/1/2015	UMM-07009	70 years old	6/11/2016	UMM-07020	71 years old	Yes, 2015	UMM-09299
	6/7/1964	UMM-07039	6/30/2015	UMM-07045	51 years old	6/30/2018	UMM-07054	54 years old	No	
	10/30/1954	UMM-07062	2/15/2015	UMM-07062	60 years old	7/30/2018	UMM-07072	63 years old	Yes, 10/15/15	UMM-09434
	5/24/1961	UMM-07084	1/31/2017	UMM-07084	55 years old				No	
	10/20/1972	UMM-07104	1/30/2015	UMM-07104	42 years old				Yes, 5/17/2020	UMM-09634
	6/4/1953	UMM-07193	2/3/2014	UMM-07193	60 years old				Yes, 2/3/2014, then part-tim	UMM-07182
	1/18/1970	UMM-07227	3/16/2015	UMM-07227	44 years old	5/13/2016	UMM-07274	46 years old	returned as FTE 3/30/17	UMM-07273
	7/26/1982	UMM-07283	7/10/2017	UMM-07283	34 years old	11/15/2019	UMM-07300	37 years old	Yes, 7/1/18	UMM-07287
	4/27/1973	UMM-07324	9/4/2007	UMM-07329	34 years old				No	
	5/11/1963	UMM-07346	6/30/2017	UMM-07346	54 years old	9/10/2020	UMM-07390	57 years old	No	
	9/23/1978	UMM-07392	7/1/2010	UMM-07393	31 years old				No	
	6/17/1979	UMM-11002	7/1/2012	UMM-10941	33 years old				No	
	3/3/1969	UMM-07453	8/31/2016	UMM-07453	47 years old				No	
	2/28/1966	UMM-07489	7/31/2007	UMM-07485	41 years old				No	
	12/19/1952	UMM-07508	9/30/2017	UMM-07508	64 years old				No	
	1/25/1980	UMM-07535	7/31/2014	UMM-07535	34 years old	9/11/2015	UMM-07549	35 years old	No	
	11/30/1978	UMM-11566	11/1/2016	UMM-11566	37 years old	12/21/2016	UMM-11578	38 years old	Yes, 11/1/16	UMM-11562
	10/12/1979	UMM-07572	7/1/2012	UMM-07572	32 years old				No	
	10/12/1979	UMM-07591	8/31/2017	UMM-07591	37 years old	12/31/2020	UMM-07611	41 years old	No	
	1/17/1969	UMM-07628	2/29/2016	UMM-07628	47 years old	7/6/2019	UMM-07693	50 years old	No	
	10/24/1978	UMM-07703	7/1/2014	UMM-07703	35 years old	3/15/2015	UMM-07721	36 years old	Yes, 4/4/14	UMM-11940
	4/3/1975	UMM-12298	8/3/2006	UMM-12285	31 years old				No	
	5/4/1978	UMM-07766	7/1/2012	UMM-07765	34 years old				No	
	3/28/1965	UMM-07800	5/15/2017	UMM-07800	52 years old	11/14/2020	UMM-07812	55 years old	Yes, 5/15/17	UMM-07793
	2/14/1949	UMM-13028	10/17/2016	UMM-13028	67 years old	10/16/2019	UMM-13047	70 years old	No	
	12/8/1937	UMM-07822	7/16/2007	UMM-07822	69 years old				Yes, 7/1/14	UMM-13900
	4/11/1955	UMM-07859	2/27/2015	UMM-07859	59 years old	5/26/2016	UMM-07865	61 years old	No	
	6/23/1980	UMM-14169	9/28/2018	UMM-14133	38 years old				No	
	5/29/1976	UMM-14345	8/12/2013	UMM-14311	37 years old				No	
	1/17/1973	UMM-07957	7/29/2013	UMM-07957	40 years old	4/15/2020	UMM-07966	47 years old	Yes, 9/19/19	UMM-14455
	8/18/1984	UMM-07984	7/11/2016	UMM-14579	31 years old				No	
	6/3/1985	UMM-08022	7/10/2017	UMM-08022	32 years old				No	
	10/17/1980	UMM-08042	6/27/2014	UMM-08042	33 years old	2/25/2016	UMM-08053	35 years old	No	
	3/26/1978	UMM-14896	7/1/2013	UMM-08059	35 years old	9/11/2015	UMM-14929	37 years old	No	
	10/20/1949	UMM-15224	1/1/2008	UMM-15508	58 years old	8/30/2019	UMM-08093	69 years old	No	
	4/17/1970	UMM-08119	3/15/2008	UMM-15535	37 years old	12/1/2019	UMM-08111	49 years old	Yes, 1/19/2020	UMM-15516
	8/6/1975	UMM-08141	7/31/2015	UMM-08145	39 years old				Yes, 5/14/16	UMM-08137
	9/21/1974	UMM-08162	7/1/2010	UMM-15825	35 years old	6/30/2017	UMM-08177	42 years old	No	

7/9/1959 UMM-08195	9/6/2018 UMM-08195	59 years old			Yes, 8/7/18 (hired as per dier UMM-16040	
12/15/1973 UMM-08217	12/31/2014 UMM-08230	41 years old	6/3/2019 UMM-08212	45 years old	Yes, 12/31/14	UMM-16093
12/3/1983 UMM-08239	8/15/2017 UMM-08246	33 years old	5/25/2018 UMM-08260	34 years old	No	
7/13/1959 UMM-08353	11/3/2003 UMM-08734	44 years old			No	
3/13/1946 UMM-16262	8/22/1993 UMM-16575	47 years old			Yes, 7/1/18	UMM-16231
10/9/1985 UMM-16700	8/15/2018 UMM-16700	32 years old			No	
11/28/1966 UMM-16857	6/30/2018 UMM-16795	51 years old			No	
7/13/1981 UMM-16911	7/30/2014 UMM-16911	33 years old	2/22/2019 UMM-16987	37 years old	No	
12/13/1958 UMM-17036	8/15/1990 UMM-17148	31 years old			No	
1/6/1979 UMM-17610	7/1/2011 UMM-17674	32 years old			No	
12/11/1976 UMM-17792	9/12/2016 UMM-17792	39 years old			Yes, 9/2/16	UMM-17791
3/23/1955 UMM-17825	7/1/2012 UMM-20906	57 years old	12/31/2017 UMM-17807	62 years old	Yes, 7/1/2010	UMM-17820
3/15/1962 UMM-21040	7/1/2004 UMM-21483	42 years old	1/9/2017 UMM-17856	54 years old	No	
3/25/1982 UMM-17859	7/30/2012 UMM-17873	30 years old			No	
4/16/1979 UMM-17901	6/28/2013 UMM-17901	34 years old	8/18/2015 UMM-18043	36 years old	No	
9/10/1984 UMM-18047	6/30/2016 UMM-18060	31 years old			No	
10/28/1978 UMM-18097	10/1/2015 UMM-21958	36 years old			No	
9/26/1982 UMM-18126	8/31/2016 UMM-18126	33 years old			No	
9/23/1969 UMM-18259	6/30/2017 UMM-18259	47 years old			No	
1/8/1981 UMM-18311	8/31/2015 UMM-18311	34 years old			No	
6/6/1976 UMM-18325	7/30/2016 UMM-18325	40 years old	5/31/2017 UMM-18385	40 years old	No	
2/16/1971 UMM-18391	7/1/2013 UMM-18391	42 years old	2/1/2016 UMM-18444	44 years old	Yes, 7/1/13	UMM-18427
11/26/1976 UMM-18469	8/25/2011 UMM-22969	35 years old			Yes, originally, then FTE	UMM-22969
4/16/1974 UMM-18483	6/30/2014 UMM-18483	40 years old	1/7/2020 UMM-18490	45 years old	Yes, 1/1/20	UMM-18473
7/14/1974 UMM-18617	8/31/2015 UMM-18617	41 years old	8/17/2018 UMM-18654	44 years old	No	
1/14/1976 UMM-18656	1/1/2007 UMM-23341	30 years old	11/14/2014 UMM-18673	38 years old	No	
9/8/1975 UMM-18786	6/30/2017 UMM-18786	41 years old			No	
10/30/1959 UMM-19804	3/1/2012 UMM-19804	52 years old			No	
10/1/1958 UMM-19829	1/1/2008 UMM-23671	49 years old	12/11/2015 UMM-19839	57 years old	No	
8/4/1979 UMM-19845	8/30/2017 UMM-19845	38 years old			No	
9/23/1979 UMM-19900	7/1/2012 UMM-19931	32 years old	6/27/2016 UMM-19930	36 years old	Yes, 6/28/16	UMM-19971
8/23/1980 UMM-20013	8/26/2013 UMM-20013	33 years old	5/31/2015 UMM-20035	34 years old	No	
5/23/1961 UMM-20230	11/1/2016 UMM-20230	55 years old			Yes, 11/1/16	UMM-20224
9/14/1982 UMM-20262	8/31/2015 UMM-20262	32 years old	4/29/2016 UMM-20339	33 years old	No	
6/5/1985 UMM-20400	6/30/2017 UMM-20387	32 years old			No	
9/5/1968 UMM-20429	1/3/2017 UMM-20429	48 years old			Yes, 12/21/16	UMM-20430
6/29/1957 UMM-20631	12/31/2016 UMM-20631	59 years old			No	
4/8/1983 UMM-23724	7/1/2018 UMM-23724	35 years old	2/9/2021 UMM-23763	37 years old	Yes, 7/1/18	UMM-23743
7/16/1963 UMM-23854	9/1/2011 UMM-23854	48 years old	6/30/2018 UMM-23862	54 years old	Yes, 3/1/17	UMM-23848
10/25/1954 UMM-23997	3/1/2015 UMM-23997	60 years old	7/9/2015 UMM-24061	60 years old	Yes, 3/1/15	UMM-24028
11/4/1973 UMM-24181	11/8/2018 UMM-24181	45 years old			No	
6/23/1974 UMM-24485	7/20/2009 UMM-24485	35 years old	11/4/2016 UMM-24495	42 years old	No	
12/17/1982 UMM-24599	7/1/2015 UMM-24599	32 years old	1/30/2018 UMM--24624	35 years old	No	
3/12/1945 UMM-24627	10/4/2016 UMM-24627	71 years old			Yes, 10/4/16	UMM-24626
8/26/1969 UMM-24689	2/1/2014 UMM-24689	44 years old	3/1/2015 UMM-24794	45 years old	Yes, 12/1/14	UMM-24788
11/24/1938 UMM-25186	1/20/2002 UMM-25198	63 years old	1/1/2016 UMM-25198	77 years old	Yes, 1/8/15	UMM-25170
1/9/1969 UMM-25339	7/1/2005 UMM-25319	36 years old	7/30/2018 UMM-25301	49 years old	Yes, 7/1/18	UMM-25457

4/6/1951 UMM-25517	12/27/2005 UMM-25536	54 years old	7/1/2016 UMM-25617	65 years old	No	
8/5/1972 UMM-08002	11/1/2014 UMM-08002	42 years old	5/8/2015 UMM-08012	42 years old	Yes, 9/5/14	UMM-25626
11/14/1985 UMM-25755	7/17/2017 UMM-25726	31 years old			No	
3/26/1960 UMM-25855	7/1/2006 UMM-25833	46 years old	6/30/2017 UMM-26162	57 years old	No	
8/19/1956 UMM-26180	2/1/2016 UMM-26180	59 years old			Yes, 2/1/16	UMM-26183
12/26/1952 UMM-26247	12/1/2009 UMM-26247	56 years old	10/31/2020 UMM-26285	67 years old	Yes, 3/6/2012	UMM-26246
10/13/1978 UMM-26680	9/7/2017 UMM-26680	38 years old			No	
8/4/1970 UMM-26858	7/31/2017 UMM-26858	46 years old	11/29/2020 UMM-26885	67 years old	Yes, 11/17/20	UMM-26819
12/16/1952 UMM-26969	7/1/2005 UMM-27371	52 years old			No	
8/10/1957 UMM-28776	3/1/2005 UMM-28776	47 years old	2/1/2018 UMM-27518	60 years old	No	
12/26/1960 UMM-29241	6/1/2002 UMM-29174	41 years old			No	
1/12/1961 UMM-27635	2/1/2017 UMM-27635	56 years old			Yes, 2/1/17	UMM-27630
1/29/1982 UMM-27794	7/1/2015 UMM-27794	33 years old			No	
6/13/1985 UMM-27939	6/30/2017 UMM-27939	32 years old			No	
7/11/1964 UMM-29658	12/31/2014 UMM-29582	50 years old			No	
1/6/1982 UMM-28098	12/21/2015 UMM-28098	33 years old			No	
4/11/1978 UMM-28127	2/1/2017 UMM-28127	38 years old	10/10/2018 UMM-28120	40 years old	Yes, 2/1/17	UMM-28134
9/10/1957 UMM-28163	1/21/2008 UMM-28163	50 years old			No	



UMass Memorial

Employee Health & Occupational Injury Care

SYSTOC ID: 000-04-7956

Alternate ID:

Employee Name: [REDACTED]

DOB: 01/09/1983

Gender: Female

Company: Medical Group Division

Department: NEURORADIOLOGY

Position: PHYSICIAN

Pre-Placement Exam Report

The applicant listed above has been evaluated by UMass Employee Health Services. It has been determined that the applicant:

- ☒ Can perform the essential job functions.
- ☐ Can perform the essential job functions with accommodation. Accommodation required:

Comments:

- ☐ Cannot perform the essential job functions.
- ☐ Would present a direct threat to themselves, or to others, if he or she attempts to perform this job.
- ☐ Determination of the applicant's ability to perform the job is on hold, awaiting additional documentation.

Comments:

Drug Test Results:



Drug test is negative

Drug test is positive

EHS Reviewer:

Diana Cruz RN

Date: 08/31/2016

CONFIDENTIAL

UMM-05015

CURRICULUM VITAE
Susan A. (Scatamacchia) Afonso, M.D.



BUSINESS ADDRESS Department of Radiology
U Mass Memorial Health Care
University Campus
55 Lake Avenue, North
Worcester, MA 01655
(508) 865-2215

APPOINTMENTS/WORK EXPERIENCE

2000-present	Definity Core Consultant Panel (Dupont/Merck)
1997-present	Consultant to Organ Transplant Service
1997-present	Associate Professor of Radiology U Mass Memorial Health Care
1992-present	Director, Ultrasound University of Massachusetts Medical Center
1991-present	Attending Abdominal Imaging and Thoracic University of Massachusetts Medical Center Worcester, MA
1990-1991	Staff/Instructor of Diagnostic Radiology Lahey Clinic Medical Center Burlington, MA
1989	Instructor of Diagnostic Radiology University of Massachusetts Medical Center Worcester, MA (as resident)

MEMBERSHIPS

1994-present	Society of Radiologists in Ultrasound
1994-present	American Institute of Ultrasound in Medicine
1994-present	American Roentgen Ray Society

Susan A. Afonso, M.D.
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MEMBERSHIPS (continued)

1989	American Association of Academic Chief Residents in Radiology
1989	U Mass Medical Center-Committee of Chief Residents
1986-present	Radiological Society of North America
1983-86	American Medical Association

COMMITTEES

1995	Faculty Compensation/Incentives Committees
1995-present	Medical Student Mentor Program
1995-present	Medical Student Advisory Committee
1996-2000	Medical Staff Credentials Committee
1997	PACSS Ultrasound Team, Co-Chair
1998	Critical Events Subcommittee
1998-present	Resident Applicant Interviewer
1999-2000	Search Committee for OB-Gyn Chair
1999-present	Reviewer, Clinical Imaging
2000	ACR Council Steering Committee for the Revision US Standards of Performance of US
2002	Adhoc Committee for Promotion of Robert Licho, MD
2004	Service Standards Committee
2004	Education Committee

CERTIFICATIONS

1990	Diplomate - American Board of Radiology
------	---

1986 Diplomate - National Board of Medical
Examiners #311167

LICENSURE

Massachusetts License #72484

Susan A. Afonso, M.D.

Curriculum Vitae

PUBLICATIONS

1. **Scatamacchia SA**, Raptopoulos V, Davidson RI: Saline Microbubbles Monitoring Sonography-Assisted Abscess Drainage. Investigative Radiology 22:868-870, November 1987.
2. **Scatamacchia SA**, Raptopoulos V, Fink MP, Silva W: The Impact of CT Grading in Non-Operative Management of Adult Splenic Trauma. Radiology 171:725-729, June 1989.
3. Sheiman RG, **Afonso, SA**, Phillips DA: Venous Valvular Incompetence of Upper Extremity. JVIR 5(1): 141-143, 1994.
4. Simkin P, Ramirez L, **Afonso, SA**, Zweizig S, Braverman L: Monomorphic Teratoma of the Ovary: A Rare Cause of T3 - Toxicosis. Thyroid 9 (9): 949-954, 1999, Sept.
5. Robbin M, Grant EG, Platt J, **Afonso SA**, Teefey S, Kopecky K: Perflenapent Emulsion a New Ultrasound Contrast Agent for Use in Diagnostic Radiology: a Multi-Center, Double-Blind Comparison with Placebo. Radiology 1998; 207: 717.

WORKS IN PROGRESS

1. Weber, TM, Barr, RG, Rubin, D, Rubens, D, Needleman, L, **Afonso, SA**, Farnum, RF, Rosenberg, ML: Definity: Ultrasound Contrast Agent for Diagnostic Radiology - Multicenter Crossover Trial Evaluating Hepatic or Renal Pathology. Radiology submission Nov. 2002.

CLINICAL STUDIES/GRANTS

2002	Pancreatic Islet Cell Transplantation (G # 98-55-97) Division of Diabetic Research.
2000-present	HALT-C Trial GI Division (G # 985571).
2000-present	HALT-C Portal Hypertension Subtrial (G # 985571) GI Division.
2000	Dupont Pharmaceuticals Phase IIIb, Open Label, Non-randomized, Multi – Center Trial to assess the ability of DMP 115 Contrast -

Enhanced Ultrasound Imaging to Correctly Detect & Characterize Liver or Kidney Pathology. Principle Investigator.

Susan A. Afonso, M.D.
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CLINICAL STUDIES/GRANTS (continued)

- 1995 The Multi-Center, Double-Blind, Placebo-Controlled Safety and Efficacy Evaluation of Echogen (2 % Dodecofluoropentane Emulsion) as an Ultrasound Contrast Enhancing Agent in Adult Patients Undergoing Examination of the Liver, Kidneys, and/or Peripheral Vessels. Principle Investigator: **Susan A. Afonso, M.D.**, Co-Investigator: Jay M. Colby, M.D., Protocol #SON3600-1008, approved 9/14/95.
- 1994-1997 Ongoing Animal Research for Development of an Ultrasound Contrast Agent, Acusphere, Cambridge, MA. Principle Investigator.

PRESENTATIONS

1. **Scatamacchia SA**, Raptopoulos V, Davidson RI: Saline Microbubbles Monitoring Sonography-Assisted Abscess Drainage. Association of University Radiologists, 35th Annual Meeting. Charleston, South Carolina, March 22-26, 1987.
2. **Scatamacchia SA**, Raptopoulos V, Fink MP, Resciniti A, Davidoff A, Silva WE: CT in Non-Operative Treatment of Adult Splenic Trauma. Association of University Radiologists, 36th Annual Meeting. New Orleans, Louisiana, April 17-22, 1988.
3. Sniger W, Davidoff A, Daly JM, Reuter KL, Teege S, **Afonso SA**, Colby JM. The CT Appearance of Gel-Foam in the Pelvis Following Major Gynecologic Surgery. 41st Annual Meeting, Association of University Radiologists, Cincinnati, Ohio, May 20-23, 1993.
4. Lazzara EW, Davidoff A, Daly JM, **Afonso SA**. Does Routine Delayed Splenic Imaging Have Utility in Splenic Trauma? 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.
5. Pels Rijcken TH, Davidoff A, Davidson DA, Mukai J, Colby JM, **Afonso SA**, Stark DD. Optimized Tissue Characterization with Fast Spin Echo Imaging at 1.5 T. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.

6. Pels Rijcken TH, Davidoff A, Davidson DA, Colby JM, Mukai J, **Afonso SA**, Stark DD. Liver Hemangiomas and Cysts: Heterogeneous vs. Homogeneous Appearance on MRI. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.

Susan A. Afonso, M.D.

Curriculum Vitae

PRESENTATIONS (continued)

7. Pels Rijcken TH, Davidoff, Davidson DA, Colby JM, Mukai J, **Afonso SA**, Stark DD. Liver Metastases - MR Appearance on Delayed Gadolinium Enhancement. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.
8. Rowchowdhury A, Sena L, **Afonso SA**, Colby JM, Davidoff A. Mediastinal Changes in Aortic Trauma-Computerized Tomographic Study. Association of University Radiologists. 43rd Annual Meeting, San Diego, CA, April 5-9, 1995.
9. Rowchowdhury A, Sena L, **Afonso SA**, Colby JM, Davidoff A. Fat: A Macroscopic Window to Microscopic Pathology in Abdomen. Association of University Radiologists. 43rd Annual Meeting, San Diego, CA, April 5-9, 1995.
10. Wivell W, Roychowdhury A, **Afonso SA**, Colby JM, Davidoff A. Anterior Abdominal Fat Pad-Interventional Gateway to High Abdominal Lesions. Association of University Radiologists. 43rd Annual Meeting, San Diego, CA, April 5-9, 1995.
11. Garlapati VS, **Afonso SA**, Colby JM, Napolitano LM, Davidoff A. Diagnosis of Femoral DVT by CT. Association of University Radiologists. 43rd Annual Meeting, San Diego, CA, April 5-9, 1995.
12. Robbin M, Grant EG, Platt J, **Afonso SA**, Teefey S, Kopecky K. A Phase 3 Multicenter Clinical Trial of EchoGen®: An Ultrasound Contrast Agent for Use in Diagnostic Radiology. 82nd Scientific Annual Meeting, Radiological Society of North America, December 1-6, 1996.
13. Simkin P, Ramirez S, Zweizig S, **Afonso SA**, Fraire A, Braverman L: Monomorphic Teratoma of the Ovary: A Rare Cause of T3 Toxicosis. 44th Annual Meeting, Society of Nuclear Medicine, San Antonio, Texas June 1-5, 1997.
14. Davidoff A, Makris J, Diaz L, Colby JM, Morris ML, **Afonso SA**, Cumming TM, Afonso SA. The "Sabre" IVC – A Study of the Inferior Vena Cavaq in Fatty Change of the Liver. American Roentgen Ray Society. San Francisco, CA April 26-May 1, 1998.

15. Rowchowdhury A, Makris J, Colby JM, Morris ML, **Afonso SA**, Cummings TM, Davidoff A. Unilateral Absence of the "White Pyramid" Sign on Non-Contrast CT – A Sign of Tubular Hydronephrosis. American Roentgen Ray Society. San Francisco, CA April 26-May 1, 1998.

Susan A. Afonso, M.D.
Curriculum Vitae

PRESENTATIONS (continued)

16. Weber T, Barr R, Rubin D, Rubens D, Needleman L, **Afonso SA**, Farnum R, Rosenberg M. Definite: US Contrast Agent for Diagnostic Radiology 85th Annual Meeting, RSNA, 1999.

SCIENTIFIC EXHIBITS

1. Sniger W, Davidoff A, Daly JM, Reuter KL, Teegeer S, **Afonso SA**, Colby JM: The CT Appearance of Gel-Foam in the Pelvis Following Major Gynecologic Surgery. 41st Annual Meeting Association of University Radiologists, Cincinnati, Ohio, May 20-23, 1993.
2. Lazzara EW, Davidoff A, Daly JM, **Afonso SA**: Does Routine Delayed Splenic Imaging Have Utility in Splenic Trauma? 41st Annual Meeting, Association of University Radiologists, Cincinnati, Ohio, May 20-23, 1993.
3. Lazzara EW, Davidoff A, **Afonso SA**: Delayed CT Imaging of Acute Splenic Trauma. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.
4. Pels Rijcken TH, Davidoff A, Davidson DA, Mukai J, Colby JM, **Afonso SA**, Stark DD. Optimized Tissue Characterization with Fast Spin Echo Imaging at 1.5 T. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29 1994.
5. Pels Rijcken TH, Davidoff A, Davidson DA, Colby JM, Mukai J, **Afonso SA**, Stark DD. Liver Hemangiomas and Cysts: Heterogeneous vs. Homogeneous Appearance on MRI. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.
6. Pels Rijcken TH, Davidoff A, Davidson DA, Colby JM, Mukai J, **Afonso SA**, Stark DD. Liver Metastases – MR Appearance on Delayed Gadolinium Enhancement. 94th Annual Meeting, American Roentgen Ray Society, New Orleans, Louisiana, April 24-29, 1994.
7. Roychowdhury A, Sena L, **Afonso SA**, Colby JM, Davidoff A. Mediastinal Changes in Aortic Trauma-Computerized Tomographic Study. Association of University Radiologists, 43rd Annual Meeting, San Diego, CA April 5-9, 1995.

8. Roychowdhury A, Sena L, **Afonso SA**, Colby JM, Davidoff A. Fat: A Macroscopic Window to Microscopic Pathology in the Abdomen. Association of University Radiologists, 43rd Annual Meeting, San Diego, CA April 5-9, 1995.

Susan A. Afonso, M.D.
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SCIENTIFIC EXHIBITS (continued)

9. Wivell W, Roychowdhury A, **Afonso SA**, Colby JM, Davidoff A. Anterior Abdominal Fat Pat – Interventional Gateway to High Abdominal Lesions. Associations of University Radiologists, 43rd Annual Meeting, San Diego, CA April 5-9, 1995.
10. Garlapati VS, **Afonso SA**, Colby JM, Napolitano L, Davidoff A. Diagnosis of Femoral DVT by CT. Association of University Radiologists, 43rd Annual Meeting San Diego, CA April 5-9, 1995.
11. Bloomfield K, Cummings T, Colby JM, Herskowitz EB, **Afonso SA**, Davidoff A. The Multifaceted Appearance of Hemorrhage in the Abdomen-Evaluation by CT. 44th Annual Meeting of the Association of University Radiologists, April 1996.
12. Roychowdhury A, Cummings T, Colby JM, **Afonso SA**, Phillips DA, Davidoff A. Aortic Tear-Soft Tissue Changes in the Mediastinum-A CT Evaluation. 44th Annual Meeting of the Association of University Radiologists, April 1996.
13. Roychowdhury A, Colby JM, **Afonso SA**, Waite RJ, Cummings T, Davidoff A. Fluid Accumulating in the Flanks-Why is it not Dependent? 44th Annual Meeting of the Association of University Radiologists, April 1996.
14. Donnelly J, Colby JM, Davidoff A, **Afonso SA**. Endosonography in the Evaluation of Esophageal and Periesophageal Abnormalities Other than Esophageal Carcinoma. 44th Annual Meeting of the Association of University Radiologists, April 1996.
15. Davidoff A, **Afonso SA**, Martin SW, Colby JM. The Reticulofascial Network. CT Appearance in Health and Disease. The 83rd Scientific Assembly and Annual Meeting of the Radiological Society of North America, December 1997.
16. Davidoff A, Repishti DD, Herskowitz EB, Martin SW, Colby JM, **Afonso SA**. The Use of Urokinase in Complicated and Complex Abdominal Collections. 83rd Scientific Assembly and Annual Meeting of the Radiological Society of North America, December 1997.

17. Roychowdhury A, Makris J, **Afonso SA**, Cummings TM, Colby JM, Davidoff A. Signs of Tubular and Interstitial Hydronephrosis on Non-Contrast CT. The Association of University Radiologists 46th Annual Meeting. New Orleans LA, March 25-29, 1998.

Susan A. Afonso, M.D.
Curriculum Vitae

SCIENTIFIC EXHIBITS (continued)

18. Davidoff A, Makris J, Diaz L, Colby JM, Cummings TM, **Afonso SA**. The "Sabre" IVC – A Study of the Inferior Vena Cava in Fatty Changes of the Liver. The Association of University Radiologists 46th Annual Meeting. New Orleans LA, March 25-29, 1998.
19. Davidoff A, Palacios GA, Colby JM, **Afonso SA**, Cummings TM. Alcohol Ablation of Fluid Accumulating Lesions – Methodologic Considerations. 84th Annual Scientific Assembly and Annual Meeting, Radiological Society of North America, November 29-December 4, 1998.
20. Colby JM, Whiting H, **Afonso SA**. UltraGuide 1000: Virtual Biopsy Guide as a Resident Teaching Tool. 48th Annual Meeting Association of University Radiologists, Orlando FL, April 5-9, 2000.
21. Colby JM, Whiting H, **Afonso SA**. UltraGuide 1000: A Virtual Ultrasound Biopsy Guide. Annual Meeting of American Roentgen Ray Society, Washington, DC, May 7-12, 2000.
22. Davidoff A, Rajadhyaksha CD, Yam CS, Cummings T, Williams R, Colby JM, **Afonso SA**. What next? An Interactive Tool to Improve Radiological Decision Making. 48th Annual Meeting Association of University Radiologists, Orlando, FL, April 5-9, 2000.

EDUCATION

1985	M.D.	University of Massachusetts Medical School Worcester, MA
1981	B.S.	Tufts University, Medford, MA Chemistry, Magna Cum Laude
1977		Haverhill High School Haverhill, MA

POSTGRADUATE TRAINING

1986-90	Diagnostic Radiology Residency University of Massachusetts Medical Center Worcester, MA
---------	---

Susan A. Afonso, M.D.
Curriculum Vitae

POSTGRADUATE TRAINING (continued)

1985-86	Internal Medicine Internship Eastern Virginia Graduate School of Medicine Norfolk, VA
---------	---

1988	Armed Forces Institute of Pathology Radiologic Pathology
------	---

AWARDS/HONORS

2002	Diagnostic Radiology Teacher of the Year Award
------	--

2001-present	Reaccreditation of US Division by AIUM and ICAVL in all Diagnostic Modalities applied for (#1246)
--------------	---

1998-2001	Accreditation of the UMMC US Division by the American Institute of US in Medicine (AIUM) and the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) in Vascular, Obstetrics, Gynecologic, General Diagnostic, and Breast US (#1246)
-----------	---

1989	Chief Resident - Diagnostic Radiology University of Massachusetts Medical Center
------	---

1981	Magna Cum Laude Graduate Tufts University, Medford, MA
------	---

1977	Valedictorian Haverhill High School
------	--

1977-78	President, National Honor Society Haverhill High School
---------	--

Millard, Jeanne

From: +12404646185@tmomail.net
Sent: Wednesday, March 20, 2019 10:16 AM
To: HRIS Mailbox; [REDACTED]
Attachments: text_1553091324755.txt

Hi, My name is [REDACTED] and I worked for UMass Memorial Medical Group until June 1, 2018. I am writing to you to change the address that you have on file for me. My old address was 332 Charlestown Meadows Drive, Westborough, MA 01581 and this is the address that you currently have on file for me. However, I no longer reside at that address. My current address is [REDACTED]. Please update the address that you have on file for me to my current address. Also, please mail my W-2 to me at my current address. Please reply to this message to acknowledge receipt of this message and please email me after you have mailed me my W-2 to let me know that it is on its way. Thank you very much. Sincerely, [REDACTED]
[REDACTED]
[REDACTED]

52692

✓ Qm

T-Mobile

This message was sent to you by a T-Mobile wireless phone.

Completed Internet Form - NOT FOR SUBMISSION
DEA/Control Number - FA1828459
Submission Date: 06-29-2012

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 224A - Completed
Internet Receipt. NOT FOR
SUBMISSION

NAME: APPLICANT OR BUSINESS (LAST)

(First, MI)

Application Complete. Internet
confirmation no.: 3288496
Fee Paid: \$731

TAX IDENTIFYING NUMBER AND/OR

SOCIAL SECURITY NUMBER

XXX-XX-XXXX

THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PL 104-134) REQUIRES THAT YOU FURNISH YOUR FEDERAL TAXPAYER IDENTIFYING NUMBER TO DEA. THIS NUMBER IS REQUIRED FOR DEBT COLLECTION PROCEDURES SHOULD YOUR FEE BECOME UNCOLLECTIBLE. IF YOU DO NOT HAVE A FEDERAL TAXPAYER IDENTIFYING NUMBER, USE YOUR SOCIAL SECURITY NUMBER.

PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address)

55 LAKE AVENUE NORTH

DEPARTMENT OF RADIOLOGY

CITY

STATE ZIP CODE

WORCESTER

MA 01655

APPLICANT'S BUSINESS PHONE NUMBER

APPLICANT'S FAX NUMBER

508 - 856 - 6316

508 - 856 - 1860

REGISTRATION CLASSIFICATION

1. PRACTITIONER BUSINESS ACTIVITY:		2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.	
3. Drug Schedules. (Fill in all circles that apply)			
<input checked="" type="checkbox"/> Schedule II Narcotic	<input checked="" type="checkbox"/> Schedule II Non Narcotic	<input checked="" type="checkbox"/> Schedule III Narcotic	<input checked="" type="checkbox"/> Schedule III Non Narcotic
<input checked="" type="checkbox"/> Schedule IV	<input checked="" type="checkbox"/> Schedule V		
Practitioner Details			
National Provider ID		1083839864	
* Degree		MEDICAL DOCTOR	
* Birthdate		03 (Mar) : 19 : 1973 :	
* Graduation Year		1998 :	
* Professional School		UNIVERSIDADE FEDERAL DE PER	
4. All Applicants must answer the following:			
Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?			
State License No. 226267		State: MA	
Expire Date: 03-19-2013			
State Controlled Substance Lic. No. MA0786749A			
Expire Date: 10-26-2013			
1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or is any such action pending?		N	
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?		N	
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?		N	
4. If the applicant is a corporation (other than a corporation whose stock is owned or traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?		N	

6. Payment Method: --

Card Number: Expiration Date: Fee Paid: 731

7. Certification for Fee Exemption

Certifying Official's Name: N/A

Certifying Official's Title: N/A

Certifying Official's Phone: N/A

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on these application/DEA forms pages is true and correct and understand that this constitutes an electronic signature for purposes of these applications/DEA forms only.

CONFIDENTIAL

UMM-05436



EMPLOYEE INTRODUCTION FORM	
Employee #:	54406 ✓
Social Security #	[REDACTED]
Pos. Code:	MD0096 ✓
Start Date:	7/10/2017 ✓
First Name:	[REDACTED] ✓
MI:	[REDACTED]
Mailing Address:	[REDACTED]
City:	[REDACTED]
State:	[REDACTED]
Zip:	[REDACTED]
Date of Birth:	3/25/1984
Male/Female:	Female
Marital Status:	SINGLE ✓
Telephone:	[REDACTED] ✓
Hourly Rate:	\$ 156.25 ✓
Total Hours:	40
EEO Code:	2 ✓
Shift:	1 ✓
Benefit Group:	B30-40DOC ✓
Non Exempt/Exempt:	Physician ✓
Labor Unit:	Physician
Fed Exemption:	3 ✓
State Exemption:	1 ✓
Shift Length:	111 ✓
Accrual Code:	n/a
Job Title:	Physician
Grade:	
Department Name:	Radiology
Location Code / I-Code:	
Status:	A
Payroll Dept. Number:	340.00. ARAD.2135 ✓
In case of emergency contact:	[REDACTED]
Employee [REDACTED]	(Employee agrees to the above conditions and those on the application form) <u>[Signature]</u>

PC
Cam

Randa Mowloud

NAME: Steven Baccei, MD



SCOPE OF PRACTICE and PERSONAL INFORMATION

FOR ALL PHYSICIANS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date of Birth: 3/21/78

Contact information (best to reach you):

Phone Number:

Mailing Address:



Radiology Group Name: UMHC

Site where you will be reading: Umass – Memorial Campus/Shrewsbury Street


Provider Numbers:

National Provider Identifier (NPI) 1790806792

UPIN: On file
Medicare: On file

Medicaid: On file
BCBS: On file
Other: _____

PROFESSIONAL BILLING COMPANY (If applicable): APS

Signature: 

Date: 3/3/20

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

MARLBOROUGH HOSPITAL is registered under provisions of M.G.L.c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for rental or leasing of housing. **MARLBOROUGH HOSPITAL** has authorized **PT RESEARCH, INC.** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **PT RESEARCH, INC.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **MARLBOROUGH HOSPITAL AND PT RESEARCH, INC.** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **PT RESEARCH, INC.** to request this information.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: **PT RESEARCH, INC.** on behalf of **MARLBOROUGH HOSPITAL** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **MARLBOROUGH HOSPITAL AND PT RESEARCH, INC.** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this Acknowledgement Form is true and accurate.

Jerry P. Balikian MD

12/3/2014

*Signature (Jerry P. Balikian, M.D.)

Date

Page 2

SUBJECT INFORMATION

[REDACTED]

Last Name First Name MI Suffix

Maiden Name (or other name(s) by which you have been known)

03/02/1927

Date of Birth

[REDACTED] Place of Birth

Last Six Digits of Social Security Number: ***-[REDACTED]-[REDACTED]

Sex: Male

Height 8 ft. 8 in.

Eye Color Black Race: white

Current and Former Addresses:

[REDACTED]

Street Number and Name City/Town State Zip

*HR/Internal Use Only

The above information was verified by reviewing the following form(s) of government issues identification:

I certify that MARLBOROUGH HOSPITAL is in compliance with all applicable state and federal consumer reporting statutes, and will not misuse any information in violation of federal or state equal employment opportunity laws or regulations.

VERIFIED BY: Maureen Podesta
Name of Verifying Employee

Signature of Verifying Employee

Permissible Purpose: ☐ AmeriCorps Program ☐ Employment Applicant ☐ Employment Current
☐ Employment Sub-Contractor ☐ Volunteer/Interns Applicant ☐ Volunteer/Interns Current

This individual is expected to earn annually ☐ Over \$75,000 ☐ Under \$75,000

UMM-06952

PT Research, Inc.

**Consumer Report/ Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize **Marlborough Hospital and PT Research, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contacted in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **PT Research, Inc., 83 Hanover Street, Manchester, NH 03101 Phone: 1-866-737-2714, Attention: Compliance Officer.**

I hereby certify that all the statements and answers set forth on the application for medical privileges and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to appointment any such answers are found false and information has been omitted, such false statements or omissions will be cause for the termination of my appointment. Further, I understand that by requesting this information, no promise of appointment is being made. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if granted medical privileges by the above named company, this authorization will remain in effect throughout such appointment.

NOTE: The following information is used for identification purposes and for verifying information on your application for Medical Staff/Allied Health Staff Privileges. **PLEASE PRINT CLEARLY.**

Balikian, Jerry P., M.D.

Name: Last, First, MI

99 Prospect Street Belmont MA 02478

Street Address City State Zip

Driver's License Number

State of License

Expires On

03/01/1927
Date of Birth

List any other CITIES AND STATES in which you have lived during the past 7 years

List any other LAST NAMES you have used during the previous 7 years

List any other LAST NAMES under which you received your GED, High School Diploma, or other degrees

Medical Staff Office Use only:

Reference: _____

UMM-06953



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 60157 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0818 ✓

Start Date: 12/31/2018 ✓

MI: [REDACTED]

Date of Birth: 6/9/1977 ✓

Male/Female: Female ✓

Marital Status: M ✓

Hourly Rate: \$ 158.65 ✓

Total Hours: 40 ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: Ø ✓

State Exemption: Ø ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00. ARAD.2113 ✓

In case of emergency contact: ✓

Employee Signature (Employee agrees to the above conditions and those on the application form) Sharon Shay

Sharon Shay

Cam
12/28/18

CONFIDENTIAL

UMM-06988



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 49693

Social Security # [REDACTED]

Pos Code: MB0513

MD0640 ✓

Start Date: 6/01/2015

MI: K

Date of Birth: 12/27/1944

Male/Female: Female

Marital Status: S ✓

T [REDACTED] ✓

Hourly Rate: \$162.50 ✓

Total Hours: 0 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B.01 HRS

Non Exempt/Exempt: non-exempt

Labor Unit: Physician ✓

Fed Exemption: 1 ✓

State Exemption: 1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Breast Imaging

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2125

Emergency contact:

Randa Mowlood ✓

CONFIDENTIAL

UMM-07009

Applicant Information:**Provider Name:** (Provider's

First: Middle: Last:

MA medical license has not yet been issued, please enter full, legal name of applicant

Provider Title:

MD

Example: MD, Ph.D., NP, etc

Gender: ☒ Male ☐ Female**\$150 Application Fee* to be paid by:** ☒ Department ☐ Applicant ☐ N/A

(*Active, Courtesy, Consulting, & Locum only)

Date of Birth: 06/07/1964**Social Security Number:****Staff Category:** (non-locum providers)

- ☒ Active ☐ Active Referring ☐ Courtesy ☐ Consulting
☐ Non-Physician-Dentist/Oral Surgeon or Psychologist
☐ Podiatrist
☐ Moonlighter (Courtesy)

☐ Non-Locum Temp < than 30 days/year

Start:

End:

☐ Affiliate Practitioners-Collaborating Physician/Supervisor:☐ Other Specify

Comments:

UMass Memorial Medical Group

Practice Type:

Employee

☒ Full Time ☐ Part Time ☐ Per Diem**Legal Name of Practice/Group:****For Locum Providers:**☐ Locum short-term < than 30 days/year ☐ Locum long-term > than 30 days/year☐ Contracted directly with provider or ☐ Contracted with locum agency**For Temporary Providers:**☐ Temporary☐ Contracted directly with provider ☐ Contracted with staffing agency**Staffing or Locum Agency Information:****Agency name:****Agency contact name:****Contact Phone:****Contact E-Mail:**

Anticipated local home address if different from above: ☐ Local Address PendingStreet: Suite/Apt. #: City: State: Zip: Home Phone: Cell Phone: **Current Business Location:**Business or hospital name: Beth Israel Deaconess Medical CenterStreet: Brookline Ave Suite/Apt. #: City: Boston State: ma Zip: 02215Business Phone: 617-667-2506Can the provider be contacted at work? ☐ Yes ☒ No**UMMC Primary Patient Appointment Location:**Address: 55 Lake Ave NorthOffice Phone: Fax: Patient Appointment Phone: UMMC E-Mail: ☐ Pending**UMMC Other Patient Appointment Location:**Address: ☐ NoneOffice Phone: Fax: Patient Appointment Phone: E-Mail: ☐ Pending**UMMC Administrative Office Location:(if Locum, Agency Address):** ☐ Same as Primary Patient Appointment LocationAddress: Office Phone: Fax: Administrative Phone: E-Mail: ☐ Pending**Primary Affiliation:** ☒ UMMC ☐ Other: Will other current Affiliation(s) remain active? ☐ Yes ☒ No**Are Privileges needed at Affiliate/Member?**

- | | | | | |
|---|---|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> Clinton | <input checked="" type="checkbox"/> Marlborough | <input type="checkbox"/> Wing | <input type="checkbox"/> Day Kimball | <input type="checkbox"/> Milford Reg. Medical Center |
| <input type="checkbox"/> eICU Provider | <input type="checkbox"/> Health Alliance | <input type="checkbox"/> Heywood | <input type="checkbox"/> Devens | <input type="checkbox"/> Commonwealth Medicine |
| <input type="checkbox"/> GBVHC | <input type="checkbox"/> Fairlawn Rehab. | <input type="checkbox"/> Harrington | <input type="checkbox"/> Community Healthlink | <input type="checkbox"/> Family Health Center |
| <input type="checkbox"/> Meadows | <input type="checkbox"/> Parkview | <input type="checkbox"/> Whittier | <input checked="" type="checkbox"/> Southborough Med Grp | <input type="checkbox"/> Melrose-Wakefield |
| <input type="checkbox"/> Holy Family Hospital | <input type="checkbox"/> St. Elizabeth's | <input type="checkbox"/> Fresenius | <input type="checkbox"/> Davita | <input type="checkbox"/> Vibra Healthcare |

☐ Other _____**BILLING/MALPRACTICE INSURANCE INFO:**

If billing through UMMMC, a dept billing area form must be submitted.

Provider Listed as: ☐ PCP ☒ Specialist ☐ Affiliate Practitioner ☐ Other: RadiologistBilling done by: ☐ UMass Memorial Medical Group ☒ APS(Radiology) ☐ No BillingIs applicant a current Fellow with billing requested? ☐ Yes* ☐ No*Please confirm that clinical dept has cleared billing for fellow with Compliance Dept? ☐ Yes ☐ NoMalpractice Insurance: Will applicant be covered by the UMass Self Insurance Program? ☒ Yes ☐ No**CREDENTIALING PROCESS INFORMATION/DOCUMENTATION REQUIRED**

A current cv is required with all submissions.

If any of the following *current* documents are available, you may submit supporting documentation via the fax cover sheet below.

- MA medical license
- Federal DEA
- State Controlled Substances
- Specialty Board Certificate(s)
- NPI notification letter

After submitting this form please fax any supporting documents to 508-334-8235 using the fax cover sheet below. If a billing area form is required please select the appropriate form from the link, complete it, and submit it using the "submit" button located at the bottom of each billing area forms. **Please do not fax a copy of this form which is being submitted electronically.**

General Comments:**Staff Category Definitions Fax Cover Sheet Billing Area Forms**



UMassMemorial
Medical Group
A member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: ~~49255~~ 37376

Social Security #: [REDACTED] ✓

Pos Code: MD0513 ✓

Start Date: 2/15/2015

MI: [REDACTED]

Mailing Address: [REDACTED] ✓

City: [REDACTED]

State: [REDACTED]

Zip: 01151

Date of Birth: 10/30/1954 ✓

Male/Female: Male

Marital Status: M

Telephone: [REDACTED] ✓

Hourly Rate: \$162.50 ✓

Total Hours: 01 ✓

EEO Code: 0

Shift: 4 ✓

Benefit Group: B.01 HRS

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician

Fed Exemption:

State Exemption:

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Body Imaging & Interventional

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2110 ✓

In case of emergency contact:

Employee Signature (Employee agrees to the above conditions and those on the application form) Daniel Berna

Randa Mowlood

CONFIDENTIAL

UMM-07062

**EMPLOYEE INTRODUCTION FORM**

Employee #: 53757 ✓

Social Security # [REDACTED]

Pos Code: MD0094

Start Date: 1/31/2017 ✓

Last Name: B [REDACTED] ✓

First Name: [REDACTED] ✓

MI:

Mailing Address: [REDACTED] ✓

City: [REDACTED]

State: [REDACTED] ✓

Zip: [REDACTED] ✓

Date of Birth: 5/24/1961 ✓

Male/Female: Male ✓

Marital Status: Married ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 158.6538 ✓

Total Hours: 28 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B20-29DOC ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: 4 ✓

State Exemption: 3 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: I67

Status: A

Payroll Dept. Number: 340.00.ARAD.2125 ✓

In case of emergency contact: ✓

Randa Mowlood

CONFIDENTIAL**UMM-07084**



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 49206
 Social Security #: [REDACTED] ✓
 Pos Code: MD0091 ✓
 Start Date: 1/30/2015 ✓
 Last Name: [REDACTED] MD
 First Name: [REDACTED]
 MI: D.
 Mailing Address: [REDACTED] ✓
 City: Dover
 State: MA
 Zip: 02030
 Date of Birth: 10/20/1972 ✓
 Male/Female: Male
 Marital Status: M ✓
 Telephone: [REDACTED] ✓
 Hourly Rate: \$16.4615 163.46 ✓
 Total Hours: 32 ✓
 EEO Code: O ✓
 Shift: 1 ✓
 Benefit Group: B30-40DOC ✓
 Non Exempt/Exempt: PHYSICIAN
 Labor Unit: Physician
 Fed Exemption: O ✓
 State Exemption: O ✓
 Shift Length: 111 ✓
 Accrual Code: n/a
 Job Title: Physician ✓
 Grade:
 Department Name: Nuclear Medicine
 Location Code / I-Code: I67
 Status: A
 Payroll Dept. Number: 340.00.ARAD.2110 ✓

In case of emergency contact:

Name: [REDACTED] [REDACTED]

Randa Mowibou

CONFIDENTIAL

UMM-07104

**EMPLOYEE INTRODUCTION FORM**

Employee #: 47151

Social Security #: [REDACTED] ✓

Pos Code: MD0538 ✓

Start Date: 2-3-2014 ✓

Last Name: [REDACTED] MD, PhD

First Name: [REDACTED]

MI: H..

Mailing Address: [REDACTED] St ✓

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED] ✓

Date of Birth: 6/04/1953

Male/Female: Male

Marital Status: Married ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 162.50 ✓

Total Hours: 01 ✓

EEO Code: 0

Shift: 1

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2109 ✓

In case of emergency contact:

Sharon Sambito

CONFIDENTIAL**UMM-07193**



UMassMemorial
Medical Group

A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 33078

Social Security # [REDACTED]

Pos Code: MD0998 ✓

Start Date: 3/30/2018

Last Name: [REDACTED] u, MD ✓

First Name: [REDACTED] ✓

MI:

Mailing Address: [REDACTED] ✓

City: [REDACTED] y ✓

State: Ma

Zip: 01545 ✓

Date of Birth: 1/18/1970 ✓

Male/Female: Male ✓

Marital Status: Single ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 180.2880 ✓

Total Hours: 40 ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: ☒ ✓

State Exemption: ☒ ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2132 ✓

In case of emergency contact:

Name:

[REDACTED]

Randa Mowlood

RH

CONFIDENTIAL

UMM-07227



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 54407 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0097 ✓

Start Date: 07/10/2017 ✓

Last Name: [REDACTED]

First Name: [REDACTED] ✓

MI:

[REDACTED]

[REDACTED]

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EEO Code: 0

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN ✓

Labor Unit: PHY ✓

Fed Exemption: 0 + \$806.00 ✓

State Exemption: 1 + 1.00 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00. ARAD.2118 ✓

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

In case of emergency contact: ✓

CONFIDENTIAL

UMM-07283



UMASS MEMORIAL HEALTH CARE
2015 FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

PLAN YEAR: JANUARY 1, 2015 TO DECEMBER 31, 2015



A. Employee Information

Please Print Clearly!

Required):

of Birth: 4/27/1973

B. Flexible Benefit Plan Pre-tax Elections

1. **Health Care Reimbursement Account** Eligible out-of-pocket medical, dental and vision expenses incurred by my dependents or myself during the plan year.

\$	X	52	=	\$	Maximum Election allowed \$2,500
Your Contribution Per Pay Period		# of Pay Periods	Total Election		

2. **Orthodontic Reimbursement Account** You may elect to set aside up to \$1,000 per plan year for each covered member who receives orthodontic services. UMass Memorial will match 50% of your contribution up to \$500 per plan year up to \$1,000 lifetime maximum for each family member receiving orthodontic services. Maximum Contribution Allowed: \$2,500 per plan year. If you have more than one family member receiving orthodontic care, please provide the Employer Match dollar amount for each covered family member below. Employer Contribution total cannot exceed \$500.

IMPORTANT: The Health Care Reimbursement Account and Orthodontic Reimbursement Account election cannot exceed \$2,500 Combined

= \$ 1000

Total Annual Election

3. **Dependent Care Assistance Account** Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care provider(s) when you file your income taxes.

\$	X	52	=	\$	Maximum Election allowed \$5,000 (\$2,500 if married filing separately)
Your Contribution Per Pay Period		# of Pay Periods	Total Election		

- C. FlexExpress® Debit Card** If you are a new enrollee a set of 2 FlexExpress Cards® will be mailed out to you automatically. If you're a current participant your cards will automatically be reactivated for the new plan year. If you no longer have your current cards please contact us.



FlexExpress Cards® Debit Card

You will automatically receive a set of 2 FlexExpress Cards®

D. Direct Deposit Authorization

CONFIDENTIAL

UMM-07324



UMassMemorial
Medical Group
A Not-For-Profit Massachusetts Nonprofit

EMPLOYEE INTRODUCTION FORM

Employee # 154117 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 06/30/2017 ✓

Last Name: [REDACTED] MD ✓

First Name: [REDACTED] ✓

MI: [REDACTED] ✓

Mailing Address: [REDACTED] ✓

City: [REDACTED] ✓

State: [REDACTED] ✓

Zip: [REDACTED] ✓

Date of Birth: 5/11/1963

Male/Female: Male

Marital Status: M ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 206.7307 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 1

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: 340.00. ARAD.2110 ✓

RH
Cam

Randa Mowlood

UMM-07346

11-12-'14 14:31 FROM- UMMHC RADIOLOGY

508-856-1860

T-940 P0001/0002 F-168

33079

benefit strategies

UMASS MEMORIAL HEALTH CARE
2015 FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

PLAN YEAR: JANUARY 1, 2015 TO DECEMBER 31, 2015

A. Employee Information					Please Print Clearly!
				Employer (Required): [REDACTED]	
				Day [REDACTED]	
				Date of Birth: <u>9/23/78</u>	
B. Flexible Benefit Plan Pre-tax Elections					
1. Health Care Reimbursement Account Eligible out-of-pocket medical, dental and vision expenses incurred by my dependents or myself during the plan year.					
\$ <u>40</u>	X	<u>52</u>	=	\$ <u>2080</u>	Maximum Election allowed \$2,500
Your Contribution Per Pay Period		# of Pay Periods		Total Election	
Orthodontic Reimbursement Account You may elect to set aside up to \$1,000 per plan year for each covered member who receives orthodontic services. UMass Memorial will match 50% of your contribution up to \$500 per plan year up to \$1,000 lifetime maximum for each family member receiving orthodontic services. Maximum Contribution Allowed: \$2,500 per plan year. If you have more than one family member receiving orthodontic care, please provide the Employer Match dollar amount for each covered family member below. Employer Contribution total cannot exceed \$500.					
Covered Dependent(s) Information:					
Full Name	Date of Birth	Relationship to Employee	Employer Match Dollar Amount	Annual Election	
				980	
			\$	\$	
			\$	\$	
IMPORTANT: The Health Care Reimbursement Account and Orthodontic Reimbursement Account election cannot exceed \$2,500 Combined				= \$ <u>1479</u> Total Annual Election	
3. Dependent Care Assistance Account Eligible dependent day care expenses are incurred to allow you and your spouse (if applicable) to be gainfully employed. Please remember that the IRS will require you to disclose the Tax ID or Social Security Number of your day care center(s) when you file your income taxes.					
\$	X	<u>52</u>	=	\$	Maximum Election allowed \$5,000 (\$2,500 if married filing separately)
Your Contribution Per Pay Period		# of Pay Periods		Total Election	
C. FlexExpress® Debit Card If you are a new enrollee a set of 2 FlexExpress Cards® will be mailed out to you automatically. If you're a current participant your cards will automatically be reactivated for the new plan year. If you no longer have your current cards please contact us.					
<input checked="" type="checkbox"/> FlexExpress Cards® Debit Card			You will automatically receive a set of 2 FlexExpress Cards®		
D. Direct Deposit Authorization					
If you would like non debit card reimbursements to be direct deposited to your bank account (rather than receiving paper checks), you may enter your banking information through your online account. To access your account please visit www.bensrat.com .					
E. Signatures By signing below, I agree to the following terms and conditions: <ul style="list-style-type: none"> I cannot change this election during the Plan Year unless I have a qualifying change in family status. I must make all of my elections carefully and conservatively. Expenses from Reimbursement Accounts cannot be reimbursed from any other source and must be incurred during the Plan Year. Any money unclaimed from my reimbursement account(s) at the end of the Plan Year will be forfeited to my employer after a run-out period. I will not receive it back. For expenses reimbursed through this account I certify I have not been reimbursed and will not seek reimbursement under any other plan covering health benefits. The IRS requires me to keep documentation of all my expenses claimed and supply them to Benefit Strategies if requested. I have read and understood all of the plan details outlined in my Summary Plan Description. 					
Employee Signature (required):				Date: <u>11/12/14</u>	
Employer Acceptance (required):				Benefit Effective Date:	

9/10/2014

CONFIDENTIAL**UMM-07392**

**EMPLOYEE INTRODUCTION FORM**

Employee #: 43590

Social Security #: [REDACTED]

Pos Code: MD0091 ✓

Start Date: 7/30/2012 ✓

Date of Birth: 6/17/1979 ✓

Male/Female: Male ✓

Marital Status: Married ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 144.2307 ✓

Total Hours: 40 ✓

EEO Code: 2 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Exempt ✓

Labor Unit: Physician ✓

Fed Exemption: 2 ✓

State Exemption: 4 ✓

Shift Length: 111 ✓

Accrual Code: n/a ✓

Job Title: Physician ✓

Grade:

Department Name: Body Imaging & Inteventional ✓

Location Code / I-Code:

Status: A ✓

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:

②
8/1/12

BEST PEOPLE. BEST CARE.*Together, we make all the difference.***CONFIDENTIAL****UMM-11002**



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 53178 ✓

Social Security #: [REDACTED] ✓

Pos Code: MD0097 ✓

Start Date: 8/31/2016 ✓

MI: [REDACTED]

Date of Birth: 3/03/1969 ✓

Male/Female: Male ✓

Marital Status: Married ✓

Telephone: 617-270-5798 ✓

Hourly Rate: \$ 163.4615 ✓

Total Hours: 40 ✓

EEO Code: 2

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: PHYS

Fed Exemption: 4 ✓

State Exemption: 4 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Neuroradiology

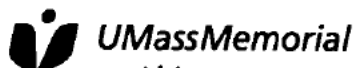
Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2118 ✓

CONFIDENTIAL

UMM-07453



Employee Introduction

8/6/07

Date of Birth 2/28/66 ✓	EEO Code 0 ✓	Marital Status S ✓	Fed. Emp. φ ✓	State Emp. φ ✓	Non-Exempt/Exempt Exempt	Pos. # (Cost Center/Job Code) FA0133 ✓	Labor Unit N/A	Accrual Code N/A
Job Title Radiologist - Assistant Professor ✓			Grade φ	Step	Department Name Radiology ✓	Location Code 1-67 ✓		
Shift <input type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night <input type="radio"/> Other Specify Other:		Status <input type="radio"/> Reg <input type="radio"/> Temp <input type="radio"/> Per Diem		Payroll Dept. Number 340.00.ARAD. 2110 ✓	% Effort	Hourly Rate \$151.44 ✓	Annual Rate 423 ✓	Funding Account/Cost Center
Start Date 7/31/07 ✓		Benefit Group B30-40DOC ✓		Total Hours 40 ✓				
Shift Length 111.00 ✓		Registration/License Type and Number					Expiration Date	

CONFIDENTIAL

UMM-07489



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 43165

Social Security #: [REDACTED] ✓

Pos. Code: MD0998 *md0096* ✓

Start Date: 9/30/2017 ✓

MI: [REDACTED]

Date of Birth: 12/19/1952

Male/Female: Female

Marital Status: *S* ✓

Hourly Rate: \$ *163.4615* ✓

Total Hours: 40 ✓

EEO Code: *0*

Shift: *1* ✓

Benefit Group: B30-40DOC ✓

Non-Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: *2* ✓

State Exemption: *1* ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: *167*

Status: A

Payroll Dept. Number: 340.00.ARAD.2HH-*2135* ✓

In case of emergency contact: /

*Pre
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ELK

CONFIDENTIAL

UMM-07508



UMassMemorial
Medical Group

EMPLOYEE INTRODUCTION FORM

Employee #: 47702

Social Security #: [REDACTED] ✓

Pos Code: MD0095 ✓

Start Date: 08/01/2014 ~~07/31/2014~~ ✓

Date of Birth: 1/25/1980 ✓

Male/Female: male ✓

Marital Status: S ✓

Telephone: [REDACTED] -8 [REDACTED] ✓

Hourly Rate: \$120.1923

Total Hours: 40

EEO Code: O

Shift: 1 ✓

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 1 ✓

State Exemption: 1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2109 ✓

In case of emergency contact:

Human Resource

JUL 14 2014

CONFIDENTIAL

UMM-07535

**EMPLOYEE INTRODUCTION FORM**

Employee #: 42253

Social Security #: [REDACTED] ✓

Pos Code: MD 0974 ✓

Start Date: 11/01/2014

Last Name: [REDACTED]

First Name: [REDACTED]

MI:

Mailing Address: [REDACTED] [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Date of Birth: 11/30/1978

Male/Female: Male

Marital Status: M

Telephone: [REDACTED]

Hourly Rate: \$ 250.00

Total Hours: 0

EEO Code: 0

Shift: 1

Benefit Group: B.01 HRS

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 1

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

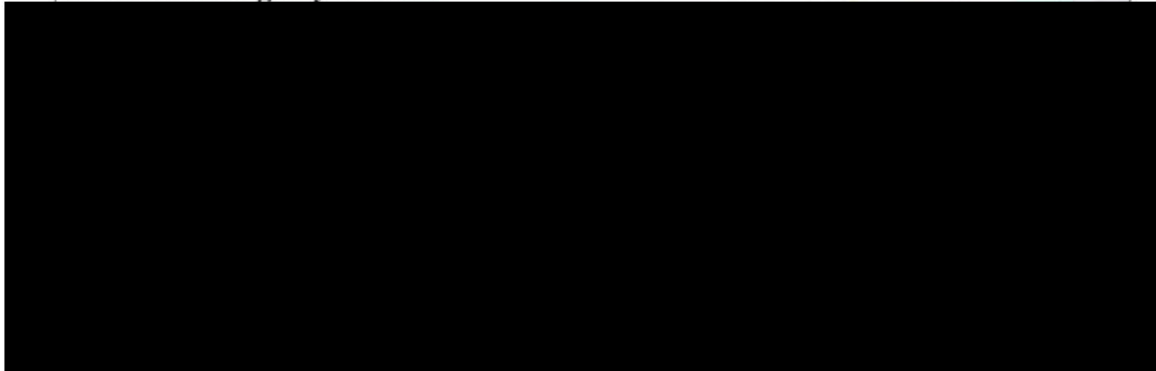
Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



Randa Mowlood

HI
PC

[Handwritten signature]

CONFIDENTIAL**UMM-11566**

CONFIDENTIAL

UMM-07572

**EMPLOYEE INTRODUCTION FORM**

Employee #: 45336

Social Security # [REDACTED]

Pos. Code: MD0825 0097 ✓

Start Date: ~~6/30/2017~~ 8/31/2017

Last Name: Dr. Murali Reddy MD ✓

First Name: Ravi

MI: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: ~~2/02/1982~~ 10/12/1979 ✓

Male/Female: Female

Marital Status: S ✓

[REDACTED] ✓

Hourly Rate: \$ 158.6538 ✓

Total Hours: 40 ✓

EEO Code: 4 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: 2 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00. ARAD.2118 ✓

[REDACTED]

In case of emergency contact: ✓

[REDACTED]

Randa Mowlood

Term
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CONFIDENTIAL**UMM-07591**



UMassMemorial
Medical Group
A Member of UMass Medical Center

EMPLOYEE INTRODUCTION FORM

Employee #: 51468

Social Security #: [REDACTED] ✓

Pos Code: ~~MD0247~~ MD0818 ✓

Start Date: 2/29/2016 ✓

Last Name: [REDACTED]

First Name: [REDACTED]

MI: [REDACTED]

[REDACTED]

Telephone: 312-320-6403 ✓

Hourly Rate: \$ 158.6538 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit:

Fed Exemption: ☐ ✓

State Exemption: ☐ ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD-2230-2013 ✓

CONFIDENTIAL

UMM-07628



UMassMemorial
Medical Group
A Division of UMass Medical Center

EMPLOYEE INTRODUCTION FORM

Employee #: 45337

Social Security #: [REDACTED]

Pos Code: MD0097

MD0847

Start Date: 6/30/2014

7/1/14

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EEO Code: 2

Shift: 1

Benefit Group: 8.01 HRS

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 0

State Exemption:

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Neuroradiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2118

CONFIDENTIAL

UMM-07703

COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 www.massmedboard.org

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, [REDACTED]
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents and records be sent directly to:

Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4
Boston, Massachusetts 02118
Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed envelope and that none of the seals have been broken. I understand that the Board of Registration in Medicine will not accept any such information, records or documents forwarded by me unless they are in sealed envelopes.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

[REDACTED]

Date of Birth: 05/04/1978

Social Security Number: [REDACTED]

10/26/2011

CONFIDENTIAL

UMM-07766



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 54259 ✓

Social Security # [REDACTED]

Pos Code: MD0847 ✓

Start Date 5/15/2017 ✓

Last Name: [REDACTED]

MI:

Mailing Address [REDACTED] E

[REDACTED] ✓

[REDACTED] ✓

Date of Birth: 3/28/1955

3/28/1965 ✓

Male/Female: male

Marital Status: m/s ✓

[REDACTED] 321-51-8286 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ✓

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

CONFIDENTIAL

UMM-07800

11-14-'14 15:25 FROM- UMMHC RADIOLOGY

508-856-1860

T-942 P0001/0001 F-174

33335

Please PRINT CLEARLY using blue or black ink to
avoid coverage delay or type in information.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an
Independent Licensee of the Blue Cross and Blue Shield Association

Enrollment/ Change Form

Medical Plan Selection <input type="checkbox"/> (HMO) Network Blue New England <input type="checkbox"/> (PPO) Blue Care Elect Preferred		<input type="checkbox"/> Individual <input type="checkbox"/> Family	Group Number	Dental Plan Selection <input type="checkbox"/> Dental Base Plan <input checked="" type="checkbox"/> Dental High Option		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	Group Number
Your First Name		M.I.	Last Name	Sex	Date of Birth 01-14-1976		

CONFIDENTIAL

UMM-18656



UMassMemorial
Medical Group
A Division of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 29161 - REHIRE ✓

Social Security #: [REDACTED] ✓

Pos Code: MD0065 ✓

Start Date: 10/17/2016 ✓

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 2/14/1949 ✓

Male/Female: Male ✓

Marital Status: M ✓

[REDACTED]

Hourly Rate: \$ 197.1153 ✓

Total Hours: 16 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B16-19HRS ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: PHYS

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Neuroradiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

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CONFIDENTIAL

UMM-13028



Employee Introduction

CHK

 (11/2)
7/20/27

Date of Birth 12/8/37 ✓	DEED Code 05 ✓	Marital Status M	Fed. Exempt. 1	State Exempt. 7	Non-Exempt/Exempt Exempt	Pos. # (Cost Center/Job Code) MD0011 ✓	Labor Unit N/A	Accrual Code N/A
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CONFIDENTIAL

UMM-07822



EMPLOYEE INTRODUCTION FORM	
Employee #:	34067
Social Security #:	[REDACTED] ✓
Pos Code:	MD0825 ✓
Start Date:	2/27/2015 ✓
Last Name:	[REDACTED] MD
First Name:	[REDACTED]
MI:	H.
Mailing Address:	[REDACTED] ✓
	[REDACTED]
	[REDACTED]
Date of Birth:	4/11/1955 ✓
Male/Female:	Male
Marital Status:	S ✓
	[REDACTED] ✓
Hourly Rate:	\$ 120.1923 ✓
Total Hours:	40 ✓
EEO Code:	0 ✓
Shift:	1 ✓
Benefit Group:	B30-40DOC
Non Exempt/Exempt:	PHYSICIAN
Labor Unit:	Physician
Fed Exemption:	0
State Exemption:	0
Shift Length:	111
Accrual Code:	n/a
Job Title:	Physician ✓
Grade:	
Department Name:	Radiology
Location Code / I-Code:	
Status:	A
Payroll Dept. Number:	340.00.ARAD.2111 ✓

Human Resources

FEB 20 2015

CONFIDENTIAL

UMM-07859



**UMassMemorial
Medical Group**

A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 59740

Social Security # [REDACTED]

Pos Code: MD0825

Start Date: ~~9/30/2018~~ 9/28/2018

Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 6/23/1980

Male/Female: Female

Marital Status: Married

[REDACTED]

Hourly Rate: \$ 158.6540

Total Hours: 40

EEO Code: O

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption:

State Exemption:

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number [REDACTED]

[REDACTED]

In case of emergency contact:

[REDACTED]

CONFIDENTIAL

UMM-14169



UMassMemorial
Medical Group

A Member of UMass Memorial Health Care

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EMPLOYEE INTRODUCTION FORM

Employee #: 45012

Social Security # [REDACTED] ✓

Pos Code: MD0099

Start Date: 8/12/2013 ✓

MI: [REDACTED] ✓

Date of Birth: 5/29/1976 ✓

Male/Female: Male

Status: Married

Telephone: [REDACTED] ✓

Hourly Rate: \$ 122.5961 ✓

Total Hours: 40 ✓

EEO Code: 0

Shift: 1

Benefit Group:

Non Exempt/Exempt: exempt

Labor Unit: Physician ✓

Fed Exemption: 4 ✓

State Exemption: 3

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:



BEST PEOPLE. BEST CARE.

Together, we make all the difference.

CONFIDENTIAL

UMM-14345



UMassMemorial
Medical Group

A Division of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 45406

Social Security #: [REDACTED] ✓

Pos Code: MD0094 ✓

Start Date: [REDACTED] ✓

First Name [REDACTED]

MI: [REDACTED]

Human Resources

JUN 27 2013

Date of Birth: 1/17/1973 ✓

Male/Female: Female

Marital Status: M ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 153,2451 ✓

Total Hours: 32 ✓

EEO Code: O

Shift: 4

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: O

State Exemption: O

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Breast Imaging

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2125 ✓

In case of emergency contact:

BEST PEOPLE. BEST CARE.
Together, we make all the difference.

UMM-07957



UMassMemorial
Medical Group
A Division of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 51749

Social Security #: [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 7/11/2016 ✓

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 8/18/1984 ✓

Male/Female: Male

Marital Status: M ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 132.2115 ✓

Total Hours: .40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHYS

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

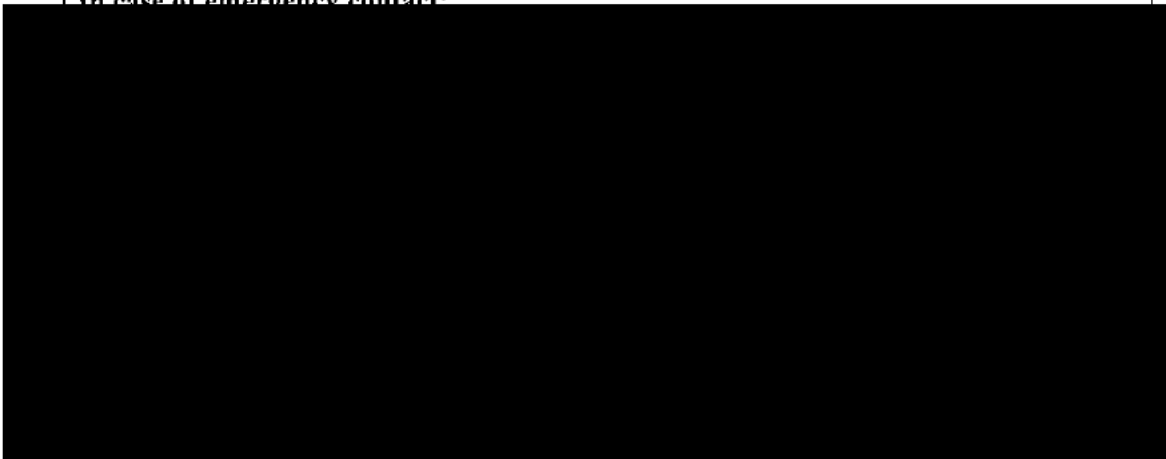
Department Name: Radiology

Location Code / I-Code: I67

Status: A

Payroll Dept. Number: 340.00.ARAD.2110 ✓

In case of emergency contact:



CONFIDENTIAL

UMM-07984

**EMPLOYEE INTRODUCTION FORM**

Employee #: 54939 ✓
 Social Security #: [REDACTED] ✓
 Pos. Code: MD0091 ✓
 Start Date: 7/10/2017 ✓
 Last Name: [REDACTED]
 [REDACTED]
 MI: C.
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 Date of Birth: 6/03/1985
 Male/Female: Male
 Marital Status: [REDACTED] ✓
 [REDACTED] 8-397-5506 ✓
 [REDACTED] ✓
 Total Hours: 40 ✓
 EEO Code: 6 ✓
 Shift: 1 ✓
 Benefit Group: B30-40DOC ✓
 Non Exempt/Exempt: Physician
 Labor Unit: Physician ✓
 Fed Exemption: ☐ ✓
 State Exemption: ☐ ✓
 Shift Length: 111 ✓
 Accrual Code: n/a
 Job Title: Physician
 Grade:
 Department Name: Radiology
 Location Code / I-Code:
 Status: A
 Payroll Dept. Number: 340.00.ARAD.2110 ✓

Ann

**CONFIDENTIAL****UMM-08022**



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 47712

Social Security #: [REDACTED]

Pos Code: MD0097

Start Date: 6/27/2014

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 10/17/1980

Male/Female: Female

Marital Status: MARRIED

Telephone: [REDACTED]

Hourly Rate: \$ 129.8076

Total Hours: 40

EEO Code: D

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 3

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2118

Human Resources

JUN 25 2014

CONFIDENTIAL

UMM-08042

**EMPLOYEE INTRODUCTION FORM**

Employee #: 43659

Social Security #: [REDACTED] ✓

Pos Code: MD0094

Start Date: 7/01/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 3/26/1978 ✓

Male/Female: Female

[REDACTED]

Total Hours: 36

EEO Code: 0

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician

Fed Exemption: 0 - SINGLE

State Exemption:

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Breast Imaging

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

BEST PEOPLE. BEST CARE.*Together, we make all the difference.***CONFIDENTIAL****UMM-14896**

UMass Memorial Medical Center (UMMMC) – New Provider Notification Form (Rev. 1/06)
 Fax to: Maureen Podesta, Director Medical Staff Services 508-334-8235

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

DEPARTMENT INFORMATION: Submission Date: 11/20/07 Dept Contact: Doreen Boreto phone: 42710

Authorized by Dept Chair/Div. Chief [Signature] Anticipated UMMC start date: 1/2/08

For: Clinical Dept: _____ Division: _____ Specialty: _____


APPLICANT INFORMATION: Application Fee: \$150 to be paid by ☒ Department ☐ Applicant

Applicant Legal Name*: [Redacted]
 *As it appears on MA medical license [Redacted]

Date of Birth: 10/20/1949 Social Security # [Redacted]

Staff Category: ☒ Active ☐ Courtesy ☐ Consulting ☐ Non-Physician–Dentist/Oral Surgeon or Psychologist ☐ Podiatrist
☐ Locum ☐ Moonlighter ☐ Temporary -less than 30 days/year(Start: _____ End: _____)

- | | |
|---|---|
| <input checked="" type="checkbox"/> UMass Memorial Medical Group Employee | <input type="checkbox"/> Community Medical Group Employee |
| <input type="checkbox"/> UMass Medical School Employee | <input type="checkbox"/> UMMC Employee |
| <input type="checkbox"/> Contracted Services | <input type="checkbox"/> Private |
| <input type="checkbox"/> Contracted Locum (Is contract direct with provider or locum agency - please circle which: Provider Agency) | |

 **UMassMemorial**
Employee Health Services
291 Lincoln Street, Suite 301
Worcester, MA 01605

FILE
SYSTOC ID: 000-03-7192

Alternate ID: 000-00-0250

Employee Name: [REDACTED]

DOB: 04/17/1970

Gender: M

Company: Medical Group Division

Department: 2130

Position: MD0098

Pre-Placement Exam Report

The applicant listed above has been evaluated by UMass Employee Health Services. It has been determined that the applicant:

☒ Can perform the essential job functions.

☐ Can perform the essential job functions with accommodation. Accommodation required:

☐ Cannot perform the essential job functions.

☐ Would present a direct threat to himself/herself, or to others, if he or she attempts to perform this job.

☐ Determination of the applicant's ability to perform the job is on hold, awaiting additional documentation.

Comments:

EHS.Reviewer: *Christina Hernandez*

Date: 04/15/2008

CONFIDENTIAL

UMM-08119

CONFIDENTIAL

UMM-08142

CONFIDENTIAL

UMM-08143



UMassMemorial

Employee Introduction

[illegible]

White - Human Resources; Green - Employee Health; Yellow - Payroll; Pink - Department; Gold - Security

CONFIDENTIAL

UMM-08162

**EMPLOYEE INTRODUCTION FORM**

Employee #: 59644 ✓

Social Security # [REDACTED]

Pos Code: MD0974 ✓

Start Date: 9/6/2018 ✓

Last Name: [REDACTED] ✓

First Name: [REDACTED] ✓

ML: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ✓

Date of Birth: 7-9-1959 ✓

Male/Female: Male

Marital Status: M

Telephone: [REDACTED]

Hourly Rate: \$ 162.5000 ✓

Total Hours: Per Diem ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B30-40DOC B.OI

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY PDPHY

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

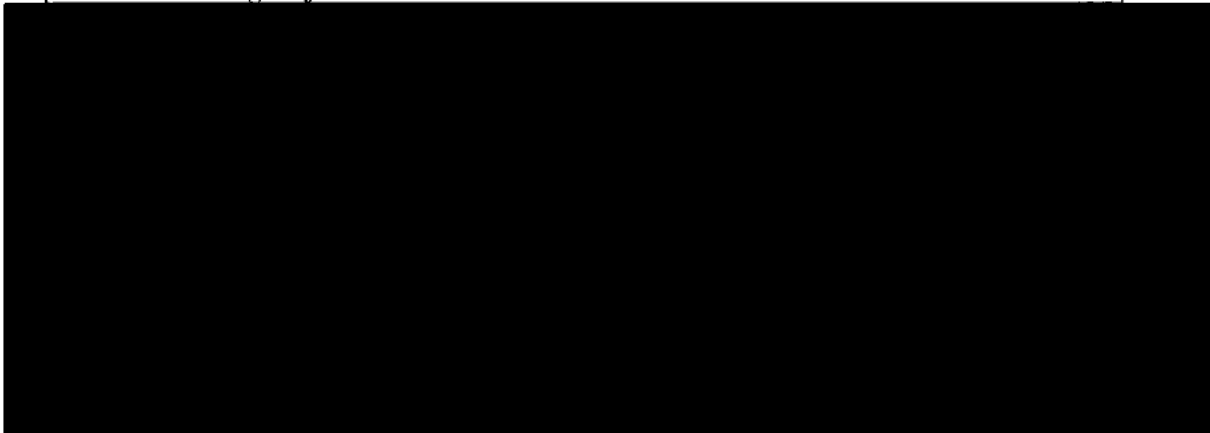
Department Name: Radiology

Location Code / I-Code:

Status: A ✓

Payroll Dept. Number: 340.00. ARAD.2111 ✓

In case of emergency contact:



INV FORM 41 (Rev. 4/06)
U.S. OFFICE OF PERSONNEL
MANAGEMENT (5 CFR 736)

**INVESTIGATIVE REQUEST FOR EMPLOYMENT
DATA AND SUPERVISOR INFORMATION**
U.S. GOVERNMENT USE ONLY

F R O M UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

~~MULTIPLE INQUIRIES MAY BE RECEIVED DUE TO SUBJECT SUPPLIED INFORMATION.~~

T O ATTN: PERSONNEL OFFICE
UMASS MEMORIAL MEDICAL CENTER
281 LINCOLN STREET
WORCESTER MA 01605

INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope. We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

PRIVACY ACT INFORMATION: This Investigative Inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, or you would like to keep your identity confidential, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: 1520497285 CASE TYPE: 02 ITEM NUMBER: 002 ITEM TYPE: EMPL-01

FULL NAME (LAST, FIRST, MIDDLE)		[REDACTED]	
OTHER NAMES USED		[REDACTED]	
DATE OF BIRTH	12/15/1973	SOCIAL SECURITY NUMBER	[REDACTED]
PLACE OF BIRTH	[REDACTED]	POSITION FOR WHICH INVESTIGATED	RADIOLOGIST (MOONLIGHTER)
CLAIMED EMPLOYMENT		NAME OF SUPERVISOR	
FROM	TO	POSITION	NAME OF SUPERVISOR
11/2014	03/2015	PER DIEM INTERVENTIONAL R	MAX ROSEN
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)			
UMASS MEMORIAL MEDICAL CENTER 55 LAKE AVENUE NORTH WORCESTER MA 01655			

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

CONFIDENTIAL**UMM-08217**



Payroll Direct Deposit Authorization

Customer Information

COMPANY NAME: VISOR

EMPLOYEE NAME: [REDACTED]

DATE OF BIRTH: 12/03/1983

TIN: [REDACTED]

In this Payroll Direct Deposit Authorization document, the term "*The Bank*" refers to Citizens Bank.

PAY FREQUENCY: Bi-weekly

Direct Deposit Request & Authorization

I (we) hereby authorize the company named ("Company") above to initiate credit entries to my (our) account(s) indicated below at the depository financial institution ("Bank") named herein, and to credit same to such account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and NACHA. This authorization is to remain in full force and effect until Company named above has received written notification from me (or either of us) of termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act.

From my net pay each pay period, I hereby authorize and request you to:

DEPOSIT: Balance Amount

TO: ACCT#: [REDACTED]

ROUTING #: [REDACTED]

(My One Deposit Checking)

Employee's Signature

Date

CUSTOMER COPY

Citizens Bank, N.A. Member FDIC. One Citizens Plaza, Providence, RI 02903 800-922-9999

Citizens Bank is a division of Citizens Bank, N.A. Citizens Bank of Pennsylvania is a separate bank and not part of Citizens Bank, N.A.

Prepared By: Sicbhan Curran

State: MA

Date: 08/10/2017 Branch #: 501

REV. (04/27/15)
payroll_direct_deposit_customer_copyFrom:

CONFIDENTIAL

UMM-08239

CURRICULUM VITAE

PERSONAL DETAILS

Name [REDACTED]

Home address [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Office address Department of Radiology
UMass Memorial Health Care
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-334-2087
Fax: 508-856-4910
Email:kimy@ummhc.org

Date of birth July 13, 1959

Place of birth [REDACTED]

Nationality [REDACTED]

Citizenship [REDACTED]

Wife [REDACTED]

Children [REDACTED]

Current position Assistant Professor in Radiology
University of Massachusetts Medical School
UMass Memorial Health Care, Worcester, MA, USA

**EMPLOYEE INTRODUCTION FORM**

Employee #: 45340

Social Security # [REDACTED]

Pos Code: MD0794

Start Date: 8/15/2018

Last Name: [REDACTED]

[REDACTED]

MI: M

Mailing Address: 50 Lake St

City: [REDACTED]

PROVIDENCE

Date of Birth: 10/9/1985

Male/Female: Male

Marital Status: S

Telephone: [REDACTED]

Hourly Rate: \$ 158.654

Total Hours: 40

EEO Code:

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: 1

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

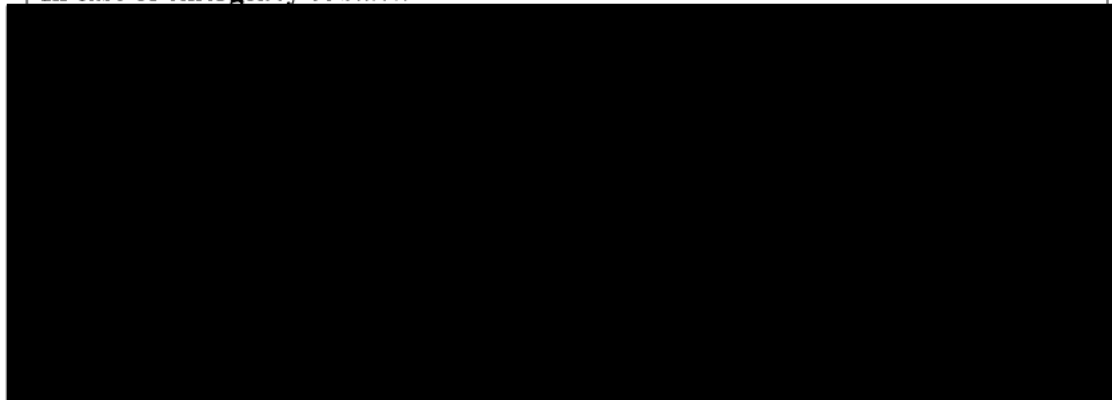
Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

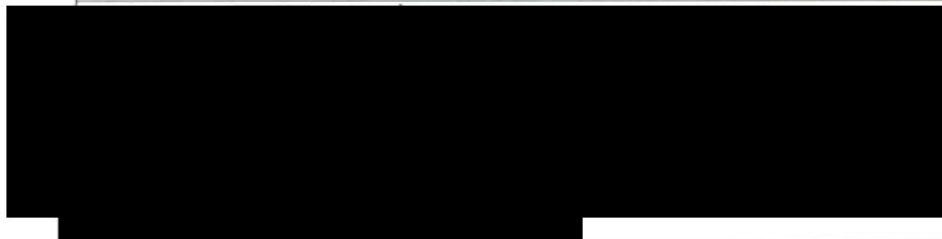


**EMPLOYEE INTRODUCTION FORM**Employee #: ~~58801~~ 59195 58801

Social Security # [REDACTED]

Pos Code: MD0825 ✓

Start Date: 6/30/2018 ✓



Date of Birth: 11/28/1966

Male/Female: Female

Marital Status: M ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 193.4625 ✓

Total Hours: 40

EEO Code: A ✓

Shift: 1

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN ✓

Labor Unit: PHY

Fed Exemption: Ø ✓

State Exemption: 1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

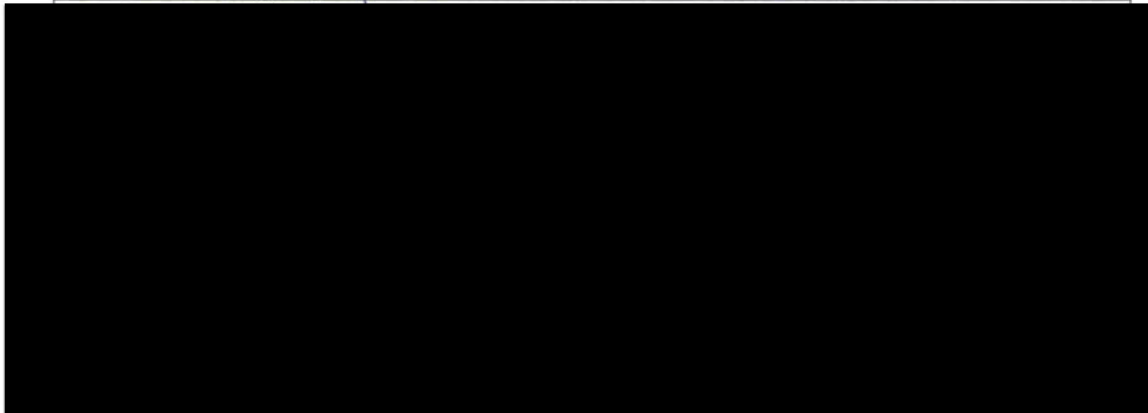
Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



PHY
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[REDACTED]
SC
PC
Dam



UMassMemorial
Medical Group

EMPLOYEE INTRODUCTION FORM

Employee #: 48135

Social Security #: [REDACTED]

Pos Code: MD0096

Start Date: 7/30/2014

Date of Birth: 7/13/1981

Male/Female: Male

Marital Status: S

Telephone: [REDACTED]

Hourly Rate: \$120.1923

Total Hours: 40

EEO Code: O

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 1

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: I 67

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

CONFIDENTIAL

UMM-16911

License No.: 72925

Application #: _____
Date of Issue: _____

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Check One: ☒ U.S./Canadian Graduate ☐ International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

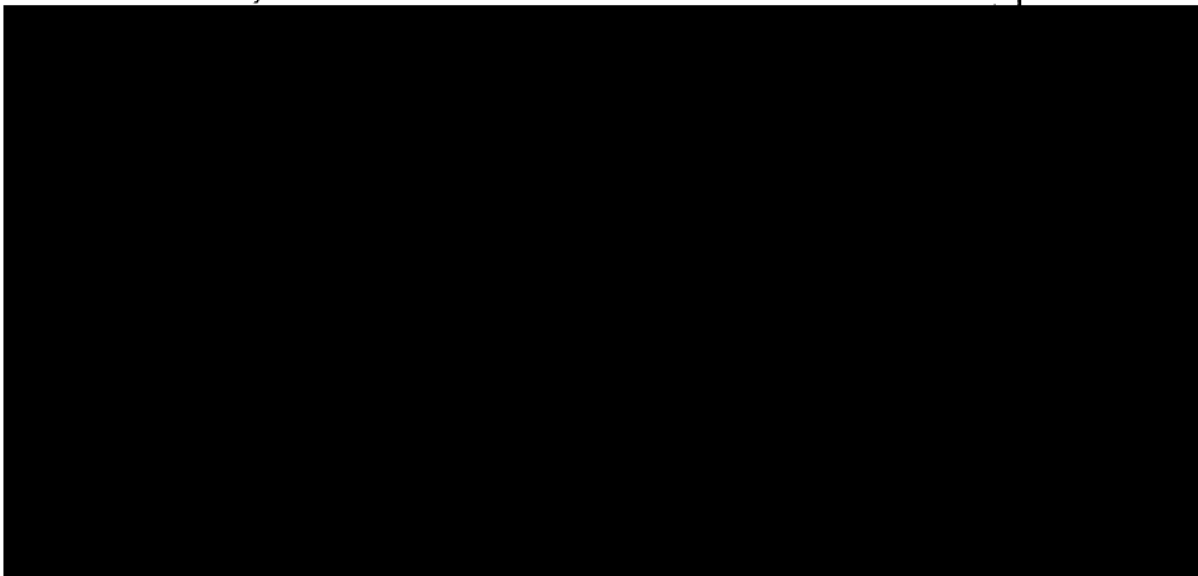
☒ M.D. ☐ D.O. ☐ Ph.D. ☐ Other degree _____ ☒ Male ☐ Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here ☒

Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: 01/06/1979
Month Day Year

Social Security Number: _____



Are you applying for licensure through FCVS? (See instructions page 12) ☐ Yes ☒ No

* The Board will use your Mailing Address for all correspondence

MAR 25 2011

CONFIDENTIAL

UMM-17610



EMPLOYEE INTRODUCTION FORM	
Employee #:	47905
Social Security #:	[REDACTED]
Pos Code:	MD0847 ✓ MD0968 ✓
Start Date:	9/12/2016
Last Name:	[REDACTED]
	[REDACTED] ✓
	[REDACTED]
	[REDACTED] 20th [REDACTED] ✓
	[REDACTED] DC [REDACTED]
	[REDACTED]
Date of Birth:	12/11/1976 ✓
Male/Female:	Male ✓
Marital Status:	S
Telephone:	
Hourly Rate:	\$ 162.50 ✓
Total Hours:	0 ✓
EEO Code:	4
Shift:	1
Benefit Group:	B.01 HRS
Non Exempt/Exempt:	Physician ✓
Labor Unit:	PHYS
Fed Exemption:	0 ✓
State Exemption:	0 ✓
Shift Length:	111 ✓
Accrual Code:	n/a
Job Title:	Physician
Grade:	
Department Name:	Musculoskeletal Radiology
Location Code / I-Code:	
Status:	A
Payroll Dept. Number:	[REDACTED] ✓
In case of emergency contact:	
Name:	
Relationship:	
Address:	
Phone Number:	
Employee Signature (Employee agrees to the above conditions and those on the application form) _____	

Randa Mowlood

PC
[REDACTED]
Cam
10/17/18



UMassMemorial

7/1/10 SW

REHIRE
Employee Introduction

3/23/55 ✓	✓	M/S ✓	✓	✓	non-exempt	MD 0640	n/a	n/a
Physician				Grade	Step	Department Name		Location/Code
Shift <input checked="" type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night <input type="radio"/> Other Specify Other:				Status <input type="radio"/> Reg <input type="radio"/> Temp <input checked="" type="checkbox"/> Per Diem Start Date 7/01/10 ✓ Benefit Group 8.01 HRS ✓ Total Hours 0 ✓		Payroll Dept. Number [REDACTED]	% Effort Hourly Rate 287.50 ✓ Annual Rate	Funding Account/Cost Center 167K

CONFIDENTIAL

UMM-17825



FACULTY STATUS FORM - UMMS

<u>Faculty Name:</u> [REDACTED]		<u>Proposed Title:</u> Assistant Professor of Radiology on the non-tenure track
<u>Requestor:</u> [REDACTED]		[REDACTED]
<u>Department:</u> Radiology (Primary)		(Secondary if applicable)
<u>Division:</u> _____		
<u>Work Location:</u> <input type="checkbox"/> UMMS <input checked="" type="checkbox"/> UMMHC <input type="checkbox"/> OTHER		
<u>Work Address:</u> University Campus		<u>Work Phone:</u> 508/856-2215
(Include locations such as LRB, Biotech, Shriver etc. or private office. Include room number if available)		
<u>Home Address:</u> [REDACTED]		<u>Phone:</u> [REDACTED]
[REDACTED]		<u>SSN:</u> [REDACTED]
		<u>Date of Birth:</u> 3/15/62
<u>Gender:</u> <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		

<u>Type of Action:</u>	<input checked="" type="checkbox"/> Appointment	<input type="checkbox"/> Promotion	<input type="checkbox"/> Resignation	<input type="checkbox"/> Status Change
<u>Effective Date of Action:</u>	8/2/04			
<u>Type of Status:</u>	<input checked="" type="checkbox"/> Academically Salaried	<input type="checkbox"/> Non-Academically Salaried	<input type="checkbox"/> Non-University Salaried	
	<input checked="" type="checkbox"/> Full Time (_____ %)	<input type="checkbox"/> Part Time (_____ %)		
<u>Appointment Track:</u>	<input type="checkbox"/> Tenure Track	<input checked="" type="checkbox"/> Non-Tenure Track	<input type="checkbox"/> Not Applicable	
<u>Check if:</u>	<input type="checkbox"/> Visiting	<input type="checkbox"/> Adjunct		

For Office Use Only

Date Received: _____

Date Processed: _____

CONFIDENTIAL

UMM-21040

benefit strategies

44090

UMASS MEMORIAL HEALTH CARE
2015 FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

PLAN YEAR: JANUARY 1, 2015 TO DECEMBER 31, 2015

Employee Information

E-mail Address:

Date of Birth: 03/25/1982

B. Flexible Benefit Plan Pre-tax Elections

1. **Health Care Reimbursement Account** Eligible, out-of-pocket medical, dental and vision expenses incurred by my dependents or myself during the plan year.

\$ 19.25	X	52	=	\$ 1001
----------	---	----	---	---------

Your Contribution Per Pay Period

of Pay Periods

Total Election

Maximum Election allowed
\$2,500

2. **Orthodontic Reimbursement Account** You may elect to set aside up to \$1,000 per plan year for each covered member who receives orthodontic services. UMass Memorial will match 50% of your contribution up to \$500 per plan year up to \$1,000 lifetime maximum for each family member receiving orthodontic services. **Maximum Contribution Allowed: \$2,600 per plan year**. If you have more than one family member receiving orthodontic care, please provide the Employer Match dollar amount for each covered family member below. **Employer Contribution total cannot exceed \$500.**

Covered Dependents Information:

9/10/2014

50833346229 P.002/002

UMMHC RADIOLOGY

NOV-14-2014 14:53

CONFIDENTIAL

UMM-17859

**EMPLOYEE INTRODUCTION FORM**

Employee #: 46045

Social Security #: [REDACTED] ✓

Pos Code: MD0525

Start Date: 6/28/2013

[REDACTED]

[REDACTED]

MI: E.

Mailing [REDACTED] Apt 5 3009 ✓

[REDACTED]

[REDACTED]

Date of Birth: 4/16/1979 ✓

Male/Female: Male

Marital Status: S [REDACTED] ✓

Hourly Rate: \$ 120.1923 ✓

Total Hours: 40 ✓

EEO Code: 0

Shift: 1

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician ✓

Fed Exemption:

State Exemption:

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

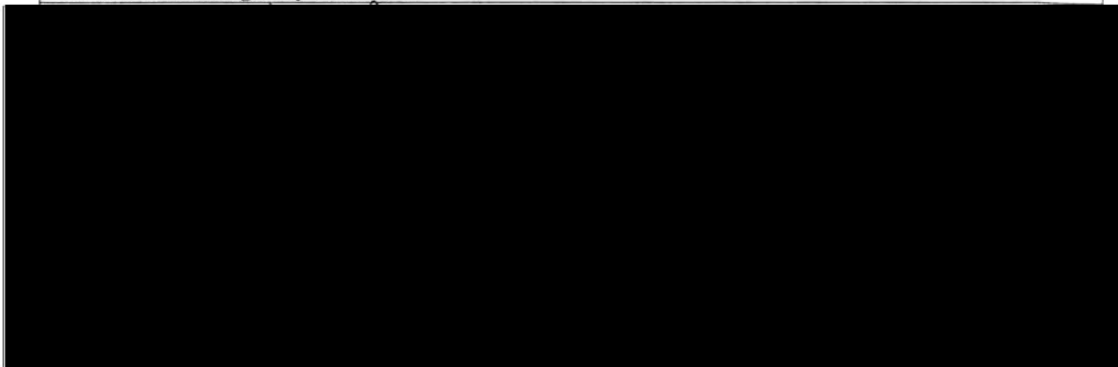
Department Name: Radiology - ED

Location Code / I-Code: I 47

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



Sharon Samuels

Human Resource:

JUL 02 2013

BEST PEOPLE. BEST CARE.*Together, we make all the difference.***CONFIDENTIAL****UMM-17901**



PSLF ECF

PUBLIC SERVICE LOAN FORGIVENESS (PSLF): EMPLOYMENT CERTIFICATION FORM

William D. Ford Federal Direct Loan (Direct Loan) Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

OMB No. 1845-0110
Form Approved
Exp. Date 5/31/2020
PSECF - XBCR

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

☐ Check this box if any of your information has changed.

SSN

Date of Birth

09/10/1984

Telep

Teleph

E

SECTION 2: BORROWER AUTHORIZATIONS, UND

Before signing, carefully read the entire form. For more information on PSLF, visit [StudentAid.gov/publicservice](https://studentaid.gov/publicservice).

I authorize:

1. My employer or other entity having records about the employment that is the basis of my request to make information from those records available to the U. S. Department of Education (the Department) or its agents or contractors.
2. The entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I understand that:

1. To qualify for PSLF, I must make 120 qualifying payments on my Direct Loans while employed full-time by a qualifying employer or employers. Neither the 120 qualifying payments nor the employment have to be consecutive.
2. To qualify for PSLF, I must be employed full-time by a qualifying employer when I apply for and receive PSLF.
3. If I qualify for forgiveness, only the remaining balance on my Direct Loans will be forgiven.
4. By submitting this form, my student loan(s) held by the Department may be transferred to FedLoan Servicing.
5. The Department may request supplemental documentation substantiating my employment.
6. The Department will notify me in writing or electronically of the number of qualifying payments I have made while employed full-time by a qualifying employer and how many more I must make before I am eligible to apply for PSLF.
7. I will be notified if the form that I submit is incomplete, or if my employment or payments do not qualify for PSLF, why the determination was made, and the steps I need to take to correct the form or make qualifying payments.
8. The Department will retain this certification form until I submit my application for forgiveness.

I certify that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief.

- ☐ Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment. **Complete Section 3, but do not complete Section 4.**

Borrower's

CONFIDENTIAL**UMM-18047**

03-07-2019 12:41 FROM-UMMC NLR

+774-441-6421

T-745 P.002/002 F-546



Citizens Bank™

Customer Information

DATE OF BIRTH: 10/28/1978

TIN: [REDACTED]

In this Payroll Direct Deposit Authorization document, the term "The Bank" refers to Citizens Bank.

PAY FREQUENCY: Weekly

Direct Deposit Request & Authorization

I (we) hereby authorize the company named ("Company") above to initiate credit entries to my (our) account(s) indicated below at the depository financial institution ("Bank") named herein, and to credit same to such account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and NACHA. This authorization is to remain in full force and effect until Company named above has received written notification from me (or either of us) of termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act.

From my net pay each pay period, I hereby authorize and request you to:

DEPOSIT: Balance Amount

TO: ACCT#:

(My One Deposit Checking)

ROUTING #:

Citizens Bank, N.A. Member FDIC. One Citizens Plaza, Providence, RI 02903 800-922-9990

Citizens Bank is a division of Citizens Bank, N.A.

Prepared By: Jonathan Shamlian

State: MA

Date: 02/21/2019 Branch #: 239

REV 12/20/18

https://www.citizensbank.com

CONFIDENTIAL

UMM-18097



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Term 8/18/16

Employee #: 42255 ✓

Rehire

Social Security #: [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 8/31/2016 ✓

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 9/26/1982

Male/Female: Female

Marital Status: Married ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$127.4038 ✓

Total Hours: 40 ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician ✓

Labor Unit: PHYS ✓

Fed Exemption: 3 ✓

State Exemption: 2 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

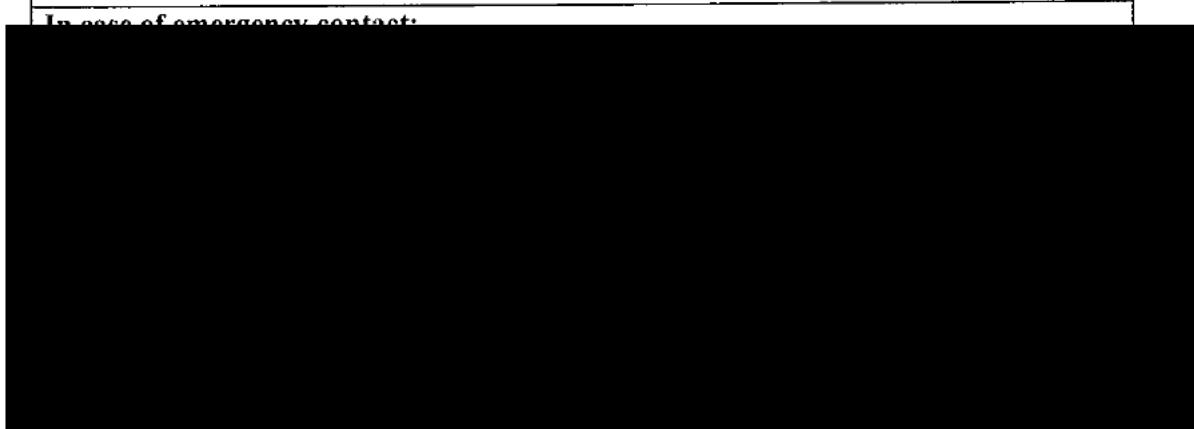
Department Name: Nuclear Medicine

Location Code / I-Code: I67

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



Randa Mrowioud

1
can
9/6/16

CONFIDENTIAL

UMM-18126

**EMPLOYEE INTRODUCTION FORM**

Employee #: 54608 ✓

Social Security # [REDACTED] ✓

Pos. Code: MD0825 ✓

Start Date: [REDACTED] ✓



Cam

Date of Birth: 9/23/1969 ✓

Male/Female: Male ✓

Marital Status: Single ✓



Hourly Rate: \$144.2307 ✓

Total Hours: 40 ✓

EEO Code: 4 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

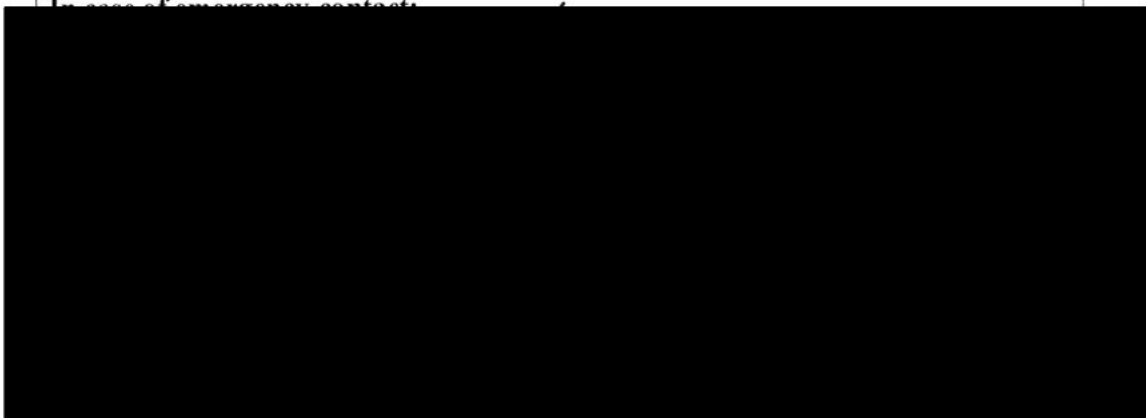
Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:





UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 50662

Social Security #: [REDACTED] ✓

Pos Code: MD0094 ✓

Start Date: 8/31/2015 ✓

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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In case of emergency contact:

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[REDACTED]

CONFIDENTIAL

UMM-18311

UMassMemorial
Medical Group

EMPLOYEE INTRODUCTION FORM

Employee #: 52192 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0096 ✓

Start Date: 07/30/2016 ✓

Date of Birth: 06/06/1976 ✓

Male/Female: Male ✓

Marital Status: married ✓

Hourly Rate: \$ 156.25 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN ✓

Labor Unit: PHY

Fed Exemption: 4 ✓

State Exemption: 2 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: ~~Medicine~~ Radiology

Location Code / I-Code: I67

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact: ✓

CONFIDENTIAL

UMM-18325

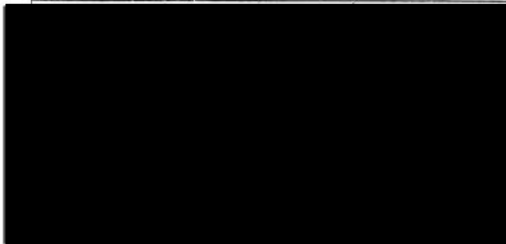
**EMPLOYEE INTRODUCTION FORM**

Employee #: 46387

Social Security #: [REDACTED] ✓

Pos Code: MD0513 ✓ MD0847

Start Date: 7/1/2013



8/28/13

Date of Birth: 02/16/1971 ✓

Male/Female: female ✓

Marital Status: M ✓

[REDACTED] ✓

Hourly Rate: \$162.50 ✓

Total Hours: 0 ✓

EEO Code: 2 ✓

Shift: 4 ✓

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician ✓

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

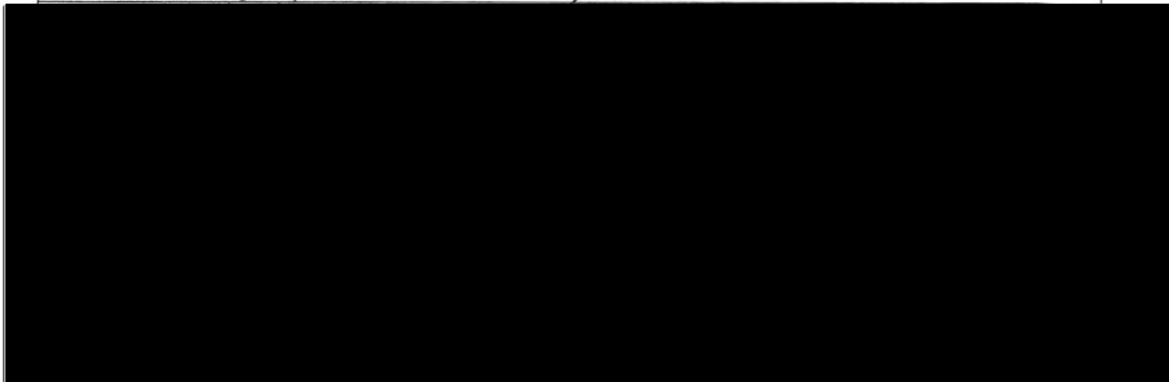
Department Name: Neuroradiology ✓

Location Code / I-Code: I67* ✓

Status: A ✓

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

**BEST PEOPLE. BEST CARE.***Together, we make all the difference.***CONFIDENTIAL****UMM-18391**



Payroll Direct Deposit Authorization

RSINN
dr

Customer Information

COMPANY NAME: UMASS MEMORIAL HOSPITAL

DATE OF BIRTH: 11/26/1976 TIN: 677149969

In this Payroll Direct Deposit Authorization document, the term "**The Bank**" refers to Citizens Bank.

PAY FREQUENCY: Weekly

Direct Deposit Request & Authorization

I (we) hereby authorize the company named ("Company") above to initiate credit entries to my (our) account(s) indicated below at the depository financial institution ("Bank") named herein, and to credit same to such account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and NACHA. This authorization is to remain in full force and effect until Company named above has received written notification from me (or either of us) of termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act.

From my net pay each pay period, I hereby authorize and request you to:

\$1000

DEPOSIT: Balance Amount

TO: ACCT#:

[REDACTED]

Checking

ROUTING #:

[REDACTED]

Citizens Bank is a division of Citizens Bank, N.A. Citizens Bank of Pennsylvania is a separate bank and not part of Citizens Bank, N.A.

Prepared By: Brian Butler
REV. (04/27/16)
payroll_direct_deposit_employee_copy/print

State: MA

Date: 03/30/2017 Branch #: 760

CONFIDENTIAL

UMM-18469



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 47760

Social Security #: [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 6/30/2014 ✓

Date of Birth: 4/16/1974 ✓

Male/Female: Male

Marital Status: Married ✓

Hourly Rate: \$ 144.2308 ✓

Total Hours: 16 ✓

EEO Code: 0

Shift: 1

Benefit Group: B16-19HRS

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 3

State Exemption: 3

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

Sharon Sambito

CONFIDENTIAL

UMM-18483

**EMPLOYEE INTRODUCTION FORM**

Employee #: 50916

Social Security #: [REDACTED]

Pos Code: MD0089

Start Date: 8/31/2015

Date of Birth: 7/14/74

Male/Female: Male

Marital Status: M

Telephone: [REDACTED]

Hourly Rate: \$ 189.90

Total Hours: 40

EEO Code:

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician

Fed Exemption: M Ø

State Exemption: 3

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

the

CONFIDENTIAL**UMM-18617**



UMassMemorial
Medical Group
A Member of UMass Medical Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 55181 ✓

Social Security # [REDACTED] ✓

Pos. Code: MD0097 ✓

Start Date: [REDACTED] ✓

MI: [REDACTED]

Date of Birth: 9/08/1975 ✓

Male/Female: Male

Marital Status: M ✓

Hourly Rate: \$ 156.25 ✓

Total Hours: 40 ✓

EEO Code: 2 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Neuroradiology

Location Code / I-Code: I 67

Status: A

Payroll Dept. Number: [REDACTED] ✓

Randa Mowlood

CONFIDENTIAL

UMM-18786

UMM-19804



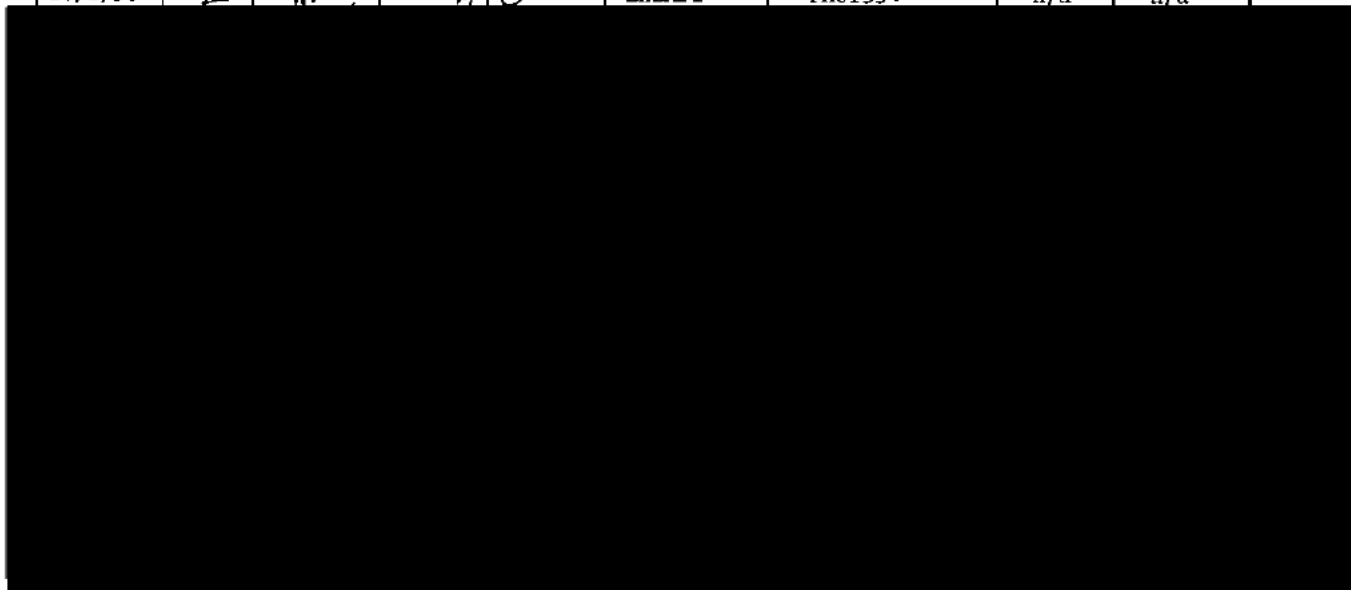
UMassMemorial

1-22107
310
4K

Employee Introduction



DATE OF BIRTH	CEO CODE	MARRIAGE STATUS	Fed. Exempt.	State Exempt.	Non-Exempt/Exempt	Pos. # (Cost Center/Job Code)	Labor Unit	Accrual Code
10/1/58	2	M			EXEMPT	FA0133	n/a	n/a





✓ EIC 570
Kung

EMPLOYEE INTRODUCTION FORM	
Employee # 54628	52489
Social Security #	[REDACTED]
Pos Code: MD0825	✓
Start Date: 8/30/2017	✓
[REDACTED]	
MI:	[REDACTED]
[REDACTED]	
Date of Birth: 08/04/1979	✓
Male/Female: Female	✓
Marital Status: M	✓
[REDACTED]	
Hourly Rate: \$ 144.2307	✓
Total Hours: 40	✓
EEO Code: 2	✓
Shift: 1	✓
Benefit Group: B30-40DOC	✓
Non Exempt/Exempt: PHYSICIAN	✓
Labor Unit: PHY	
Fed Exemption: 1	
State Exemption: 1	
Shift Length: 111	✓
Accrual Code: n/a	
Job Title: Physician	
Grade:	
Department Name: Radiology	
Location Code / I-Code:	
Status: A	
Payroll Dept. Number: [REDACTED] [REDACTED]	✓
[REDACTED]	

In Pre
HF
PC
SC
cam

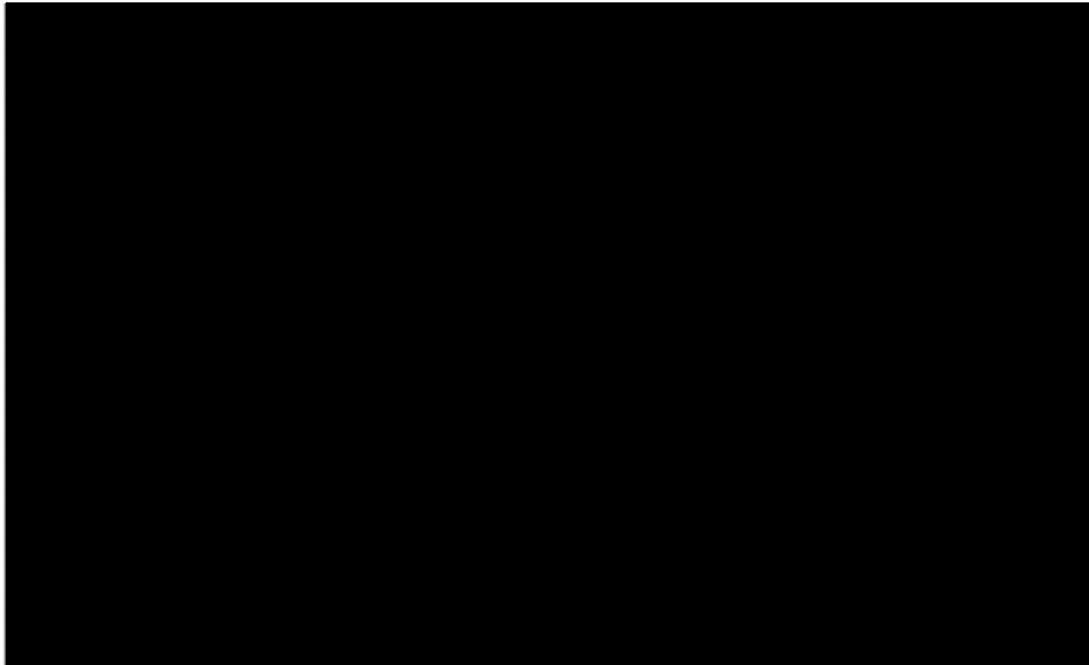


University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
www.umassmemorial.org

April 17, 2012



Date of Birth: 09/23/1979 Social Security Number: [REDACTED]

Do you currently have or have you applied for the following?

- | | | |
|---------------------------------|---|---|
| 1. Full Mass. Medical License | No <input type="checkbox"/> Pending <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| 2. Federal DEA Registration | No <input type="checkbox"/> Pending <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| 3. State Controlled Substances | No <input type="checkbox"/> Pending <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| 4. Specialty Board Certificates | No <input type="checkbox"/> Pending <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> (attach copy) |
| 5. Appropriate Visa | No <input type="checkbox"/> Pending <input type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| 6. UPIN Number, if known | _____ | |

Thank you.

Sincerely,

Brenda K. Vigneaux
Executive Administrative Assistant to:
Joseph T. Ferrucci, MD
Professor and Chair

CONFIDENTIAL

UMM-19900



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 46092

Social Security #: [REDACTED] ✓

Pos Code: MD0525 ✓

(Start) Date: 8/26/2013 ✓

Last [REDACTED] MD

First Name: [REDACTED]

MI: G.

Date of Birth: 8/23/1980 ✓

Male/Female: Male

Marital Status: S

Telephone: [REDACTED] ✓

Hourly Rate: \$120.1923 ✓

Total Hours: 40 ✓

EEO Code: 0

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 2 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology - ED

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:

BEST PEOPLE. BEST CARE.

Together, we make all the difference.

CONFIDENTIAL

UMM-20013

**EMPLOYEE INTRODUCTION FORM**

Employee #: 53406 ✓

Social Security #: [REDACTED] ✓

Pos Code: ~~MD0513~~ MD0815 ✓

Start Date: 11/01/2016 ✓

Last Name: [REDACTED] ✓

[REDACTED] ✓

[REDACTED]

[REDACTED] ✓

[REDACTED]

[REDACTED]

[REDACTED] ✓

Date of Birth: 5/23/1961 ✓

Male/Female: Female ✓

Marital Status: Single ✓

Telephone: 617-842-3847 ✓

Hourly Rate: \$ 162.50

Total Hours: 40.01

EEO Code: White: 0

Shift: 1

Benefit Group: ~~B30-40D0C~~ B.pl hrs

Non Exempt/Exempt: Physician

Labor Unit: PHYS

Fed Exemption: 1

State Exemption: 1

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

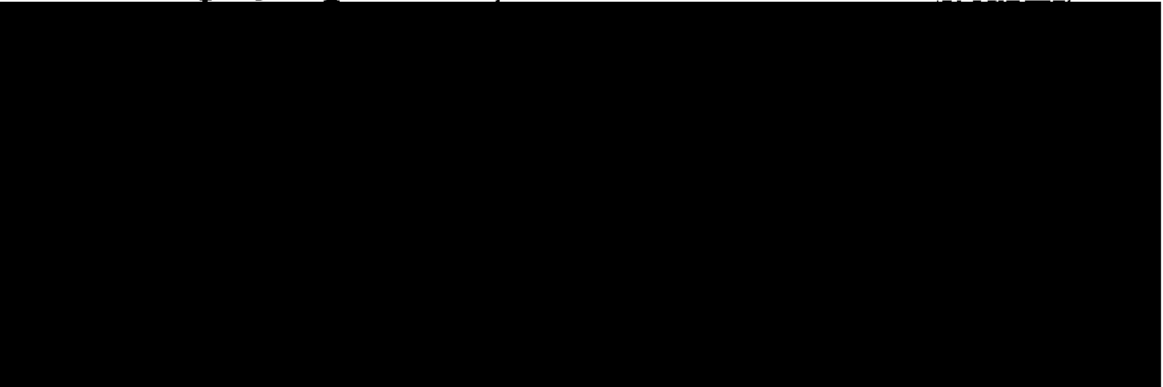
Department Name: Radiology

Location Code / I-Code:

Status: A

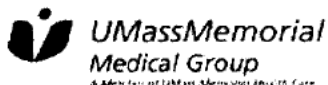
Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact: /



Randa Mowlood

CONFIDENTIAL**UMM-20230**

**EMPLOYEE INTRODUCTION FORM**Employee #: ~~50829~~ 50144 ✓

Social Security #: [REDACTED] ✓

Pos Code: MD0094 ✓

Start Date: 08/31/2015 ✓

Last Name: [REDACTED] MD

First Name: [REDACTED]

[REDACTED] ✓

City: Cambridge ✓

State: MA

Zip: ~~02141~~ 02139 ✓

Date of Birth: 9/14/1982 ✓

Male/Female: Female ✓

Marital Status: married ✓

[REDACTED]

Hourly Rate: \$ ~~127.40~~ ✓

Total Hours: 40 ✓

EEO Code: 2 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN ✓

Labor Unit: Physician

Fed Exemption: M 1 ✓

State Exemption: 5 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:

[REDACTED]



UMassMemorial
Medical Group

A Member of UMass Medical Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 54363 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0096 ✓

Start Date: 6/28/2017 ✓

Date of Birth: 6/05/1985

Male/Female: Male

Marital Status: Married ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$ 156.25 ✓

Total Hours: 40 ✓

EEO Code: 0

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician ✓

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact: /

Randa Mowlood



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 53752 ✓

Social Security # [REDACTED]

Pos Code: MD0968 ✓

Start Date: 1/03/2017 ✓

Date of Birth: 9/05/1968 ✓

Male/Female: Male ✓

Marital Status: S ✓

Total Hours: .01 ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: PDPHY ✓

Labor Unit: PDPHY

Fed Exemption: 4 ✓

State Exemption: H ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. [REDACTED] [REDACTED] [REDACTED] [REDACTED] ✓

CONFIDENTIAL

UMM-20429



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 53672 ✓

Social Security # [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 12/31/2016 ✓

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 6/29/1957 ✓

Male/Female: Male

Marital Status: *MARRIED* ✓

Telephone: [REDACTED]

Hourly Rate: \$ 168.2692 ✓

Total Hours: 24 ✓

EEO Code: *C* ✓

Shift: 1 ✓

Benefit Group: B20-29DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption:

State Exemption:

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

Randa Mowlood

CONFIDENTIAL

UMM-20631

**EMPLOYEE INTRODUCTION FORM**

Employee #: 52499

Social Security # [REDACTED]

Pos Code: MD0847

Start Date: 7/1/2018

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 4/8/1983

Male/Female: Female

Marital Status: *m*

Telephone: [REDACTED]

Hourly Rate: \$

Total Hours: Per Diem

EEO Code: *0*

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: *2*State Exemption: *3*

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Raiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

[REDACTED]

In case of emergency contact:



EMPLOYEE INTRODUCTION FORM

Employee #: 34366

✓ Social Security #: [REDACTED]

✓ Pos Code: MD0513

✓ Start Date: 9/01/2011

9-12-11
sw

✓ Date of Birth: 7/16/1963

✓ Male/Female: Female

Marital Status: 5

✓ Hourly Rate: \$187.50

✓ Total Hours: 0

✓ EEO Code: 0

✓ Shift: 1

✓ Benefit Group: B .01 HRS

Non Exempt/Exempt: Hourly

Labor Unit: PHYS PDDIF ✓

✓ Fed Exemption: 0

✓ State Exemption: 1

✓ Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Body Imaging & Interventional

Location Code / I-Code: PAYH 0

Status: A

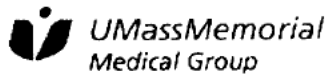
✓ Payroll Dept. Number: [REDACTED]

167X ✓

✓ In case of emergency contact:

CONFIDENTIAL

UMM-23854

**EMPLOYEE INTRODUCTION FORM**

Employee #: 49440

Social Security #: [REDACTED] ✓

Pos Code: MD0513 ✓

Start Date: 3/01/2015 ✓

Date of Birth: 10/25/1954 ✓

Male/Female: Male

Marital Status: M ✓

Telephone: [REDACTED] ✓

Hourly Rate: \$162.50 ✓

Total Hours: .01 ✓

EEO Code: 0 ✓

Shift: 4

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician

Fed Exemption: 5 ✓

State Exemption: 5 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Body Imaging & Interventional

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



UMassMemorial
Medical Group

A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 60014

Social Security # [REDACTED]

Pos Code: MD0089

Start Date: 11/8/2018

Last Name: [REDACTED]

[REDACTED]

[REDACTED]

Date of Birth: 11/4/1973

Male/Female: Male

Marital Status: Married - claim Single

Telephone [REDACTED]

Hourly Rate: \$ 228.3654

Total Hours: 40

EEO Code:

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: ☒

State Exemption: ☒

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

[REDACTED]

CONFIDENTIAL

UMM-24181



UMassMemorial

7/28/09
SW

Employee Introduction

Date of Birth 6/23/74	EPD Code 0	Marital Status M	Fed. Exempt. H	State Exempt. 7	Non-Exempt/Exempt EXEMPT	Pos. # (Cost Center/Job Code) FA0305-3780	Labor Unit n/a	Accrual Code n/a
Job Title Assistant Professor				Grade	Step	Department Name Radiology	Location/Code 167	
Shift <input checked="" type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Night <input type="radio"/> Other		Status <input checked="" type="radio"/> Reg <input type="radio"/> Temp <input type="radio"/> Per Diem		Payroll Dept. Number [Redacted]		% Effort	Hourly Rate 161.0577	Annual Rate
Specify Other:		Start Date 7/20/09		Benefits Group B30-40DOC		Funding Account/Cost Center		
Total Hours 40		Registration/License Type and Number		Expiration Date				
Shift Length 111.00								

**EMPLOYEE INTRODUCTION FORM**

Employee #: 40754

Social Security #: [REDACTED] ✓

Pos Code: MD0094 ✓

Start Date: 7/01/2015 ✓

MI: [REDACTED]

Date of Birth: 12/17/82 ✓

Male/Female: Male

Marital Status: M ✓

Hourly Rate: \$ 120.1923 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 5

State Exemption: 4 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology/Nuclear Medicine

Location Code / I-Code: I67

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact:



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

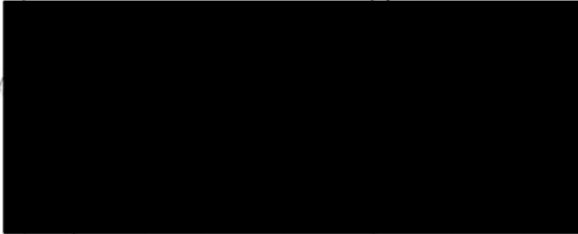
Employee #: 41712

Social Security #: [REDACTED]

Pos Code: MD 0513

Start Date: 10/04/2016

MD0968 ✓
10/4/16



HI
PC
SC
Damm

Date of Birth: 3/12/1945 ✓

Male/Female: Male

Marital Status: MARRIED



Total Hours: .01

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: Physician

Labor Unit: PHYS

Fed Exemption: 3 ✓

State Exemption: 6 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

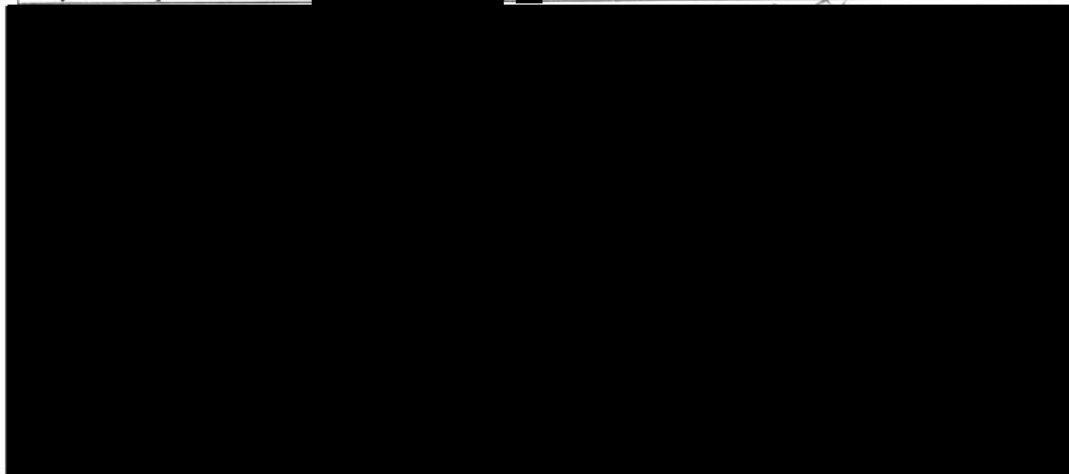
Grade:

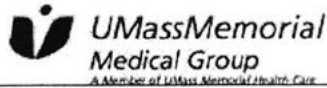
Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]





EMPLOYEE INTRODUCTION FORM	
Employee #:	47024
Social Security #:	[REDACTED] ✓
Pos Code:	MD0089 ✓
Start Date:	2/01/2014 ✓
[REDACTED]	
Date of Birth:	8/26/1969 ✓
Male/Female:	Male
Marital Status:	Married ✓
Telephone:	[REDACTED] ✓
Hourly Rate:	\$168.2692 ✓
Total Hours:	40 ✓
EEO Code:	0
Shift:	1
Benefit Group:	B30-40DOC
Non Exempt/Exempt:	Physician
Labor Unit:	Physician
Fed Exemption:	4 ✓
State Exemption:	5 ✓
Shift Length:	111 ✓
Accrual Code:	n/a
Job Title:	Physician ✓
Grade:	
Department Name:	Radiology/Nuclear Medicine
Location Code / I-Code:	I67
Status:	A
Payroll Dept. Number:	[REDACTED] 1 ✓
In case of emergency contact:	
[REDACTED]	

Sharon Samonte

CONFIDENTIAL

UMM-24689

DEC-24-01 09:20AM FROM:UMASS MEMORIAL

+508-334-0333

☐ Maureen Podesta, original
☐ Sue Filsinger, copy
☐ Nancy Stone, copy
☐ Michelle Norcross, copy
☒ Tammy Kallio ~~Don Gadea~~

**UMASS MEMORIAL MEDICAL CENTER
NEW PROVIDER NOTIFICATION**

FAX to: Maureen Podesta, Director, Medical Staff Services, fax # (508) 334-8235

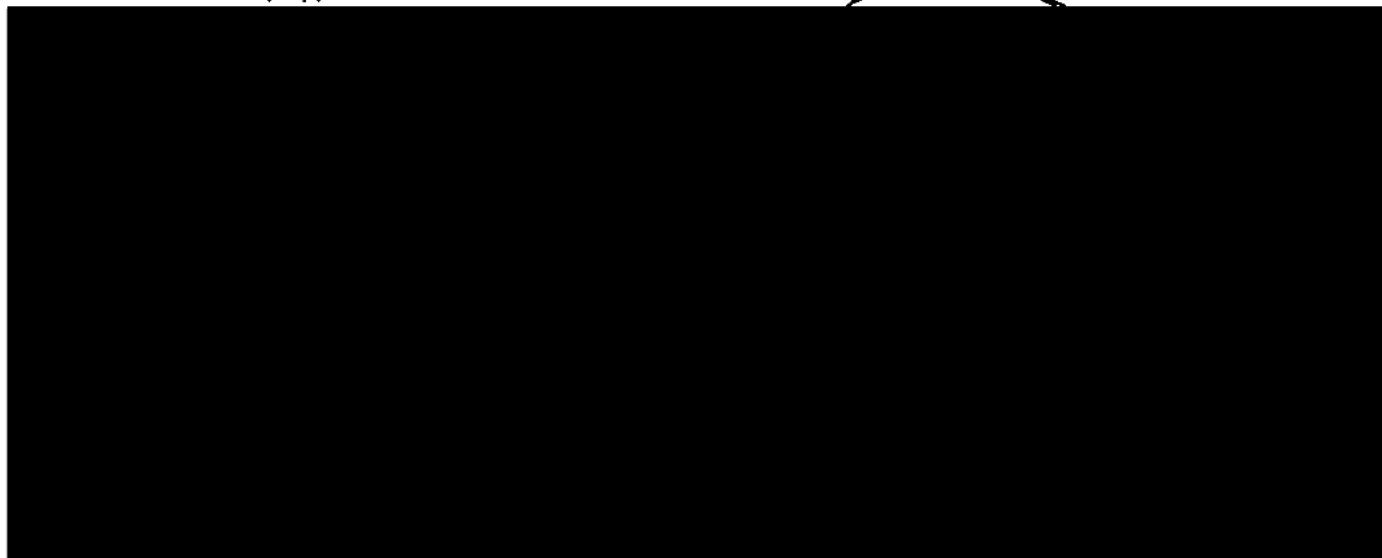
DATE: December 24, 2001
FROM: Lucy Soto
DEPT: Radiology **PHONE:** 4-7276

UMMMG Applicant - COMPLETE FORM IN FULL AND MUST ATTACH:

- Current c.v. showing new practice address and anticipated start date
- Department billing area numbers:
Reference Billing Area listing in Public Folders/Medical Group

URGENT

*Non-Medical Group Applicant COMPLETE SHADED AREAS ONLY



Date of Birth: November 24, 1938 Social Security Number: [REDACTED]

Does applicant currently have, or have they applied for the following:

- | | | | |
|-------------------------------------|-----------------------------|----------------------------------|---|
| a) Full Mass. medical license | No <input type="checkbox"/> | Pending <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> (attach copy) |
| b) Federal DEA registration | No <input type="checkbox"/> | Pending <input type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| c) State Controlled Substances | No <input type="checkbox"/> | Pending <input type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| d) Specialty Board Certificate(s) | No <input type="checkbox"/> | Pending <input type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) |
| e) Appropriate Visa | No <input type="checkbox"/> | Pending <input type="checkbox"/> | Yes <input type="checkbox"/> (attach copy) Not |
| Applicable <input type="checkbox"/> | | | |

Is malpractice insurance coverage to be provided by UMMMC?

Yes ☒ No ☐

Has a faculty appointment been initiated?

Yes ☒ No ☐

Will applicant be:

UMMMG Employee ☒ (Community Medical Group? ☐ Check if yes)
 Contracted Services ☐

CONFIDENTIAL

UMM-25186



FACULTY STATUS FORM - UMMS

Faculty Name: [REDACTED]

Date: 6/21/05

Department: Radiology

(Primary)

(Secondary if applicable)

Division: _____

Work Location: ☐ UMMS ☒ UMMHC ☐ OTHER

Work Address: University Campus

Work Phone: 508/856-2300

55 Lake Avenue North

Worcester, MA 01655

(Include locations such as LRB, Biotech, Shriver etc.
or private office. Include room number if available)

Home Address: [REDACTED]

1/9/69

Gender: ☐ Male ☒ FemaleType of Action: ☒ Appointment ☐ Promotion ☐ Resignation ☐ Status Change

Effective Date of Action: 7/1/05

Type of Status: ☒ Academically Salaried ☐ Non-Academically Salaried ☐ Non-University Salaried☒ Full Time (____%) ☐ Part Time (____%)Appointment Track: ☐ Tenure Track ☒ Non-Tenure Track ☐ Not ApplicableCheck if: ☐ Visiting ☐ Adjunct

For Office Use Only

Date Received: _____

Date Processed: _____

CONFIDENTIAL

UMM-25339



FACULTY STATUS FORM - UMMS

Instructor of Radiology on the non-
Proposed Title: tenure track

Date: 2/22/06

(Primary)

(Secondary if applicable)

Division: _____

Work Location: ☐ UMMS ☒ UMMHC ☐ OTHER

(Include locations such as LRB, Biotech, Shriver etc.
 or private office. Include room number if available)

Date of Birth: 4/6/51

Gender: ☐ Male ☒ Female

Type of Action: ☒ Appointment ☐ Promotion ☐ Resignation ☐ Status Change

Effective Date of Action: 1/2/06

Type of Status: ☒ Academically Salaried ☒ Non-Academically Salaried ☐ Non-University Salaried

☒ Full Time (____%) ☐ Part Time (____%)

Appointment Track: ☐ Tenure Track ☒ Non-Tenure Track ☐ Not Applicable

Check if: ☐ Visiting ☐ Adjunct

For Office Use Only

Date Received: _____

Date Processed: _____

CONFIDENTIAL

UMM-25517

**EMPLOYEE INTRODUCTION FORM**

Employee #: 48657

Social Security #: [REDACTED] ✓

Pos Code: MD0514 ✓

Start Date: 11/01/2014 ✓

Date of Birth: 8/05/1972 ✓

Male/Female: Female

Marital Status:

Hourly Rate: \$ 162.50 ✓

Total Hours: .01

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B.01 HRS

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a ✓

Job Title: Physician

Grade:

Department Name: Radiology - Interventional

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2130 ✓

In case of emergency contact:

CONFIDENTIAL**UMM-08002**

**EMPLOYEE INTRODUCTION FORM**

Employee #: 54410

Social Security # [REDACTED]

Pos. Code: MD0096

Zip: 02120 [REDACTED]

Date of Birth: 11/14/1985

Male/Female: Male

Marital Status: S

Telephone: [REDACTED]

Hourly Rate: \$ 156.25

Total Hours: 40

EEO Code: 2

Shift: 1

Benefit Group: B30-40DOC

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 2

State Exemption: /

Shift Length: 111

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:**CONFIDENTIAL****UMM-25755**

AD
WB/0
#99032 new employee

UMMC RADIATION SAFETY REGISTRATION

DATE 7/18/06

REGISTRATION FORM FOR PERSONNEL OCCUPATIONALLY EXPOSED TO IONIZING RADIATION

→ NAME [REDACTED] GENDER (circle one) M
I.

→ DATE OF BIRTH 3/26/60 SOCIAL SECURITY NUMBER [REDACTED]

→ DEPARTMENT Radiology POSITION Neuro Radiologist
LABORATORY NUMBER 0 PHONE NUMBER [REDACTED]

→ SUPERVISOR (P.I.) [REDACTED] PHONE NUMBER [REDACTED]

→ DESCRIPTION OF WORK INVOLVING IONIZING RADIATION:

→ Campus University

PRINCIPLE SOURCES OF IONIZING RADIATION TO BE HANDLED:

Radionuclides: / / / / / / / / / /

Quantities: / / / / / / / / / /

Other sources (for example - x-ray machines):

PREVIOUS OCCUPATIONAL EXPERIENCE WITH SOURCES OF IONIZING RADIATION:

Radionuclides: / / / / / / / / / /

Quantities: / / / / / / / / / /

Other sources of ionizing radiation handled:

Employer(s): [REDACTED]

SUMMARY OF PAST OCCUPATIONAL RADIATION DOSE:

External (in REM): [REDACTED]

Internal (in REM): [REDACTED]

SUMMARY OF PAST TRAINING IN THE PRINCIPLES AND PRACTICES OF RADIATION PROTECTION:

→ APPLICANT SIGNATURE
SIGNATURE OF SUPERVISOR

[REDACTED]

**EMPLOYEE INTRODUCTION FORM**

Employee #: 51540

Social Security #: [REDACTED]

Pos Code: MD0847 ✓

Start Date: 2/1/2016 ✓

Date of Birth: 8/19/1956 ✓

Male/Female: Male

Marital Status: MARRIED ✓

Hourly Rate: \$ 162.50 ✓

Total Hours: 0 ✓

EEO Code: D ✓

Shift: 4 ✓

Benefit Group: B.01 HRS

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHYPD

Fed Exemption: ☐ ✓State Exemption: ☐ ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Neuroradiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] 111 ✓

In case of emergency contact:

CONFIDENTIAL**UMM-26180**

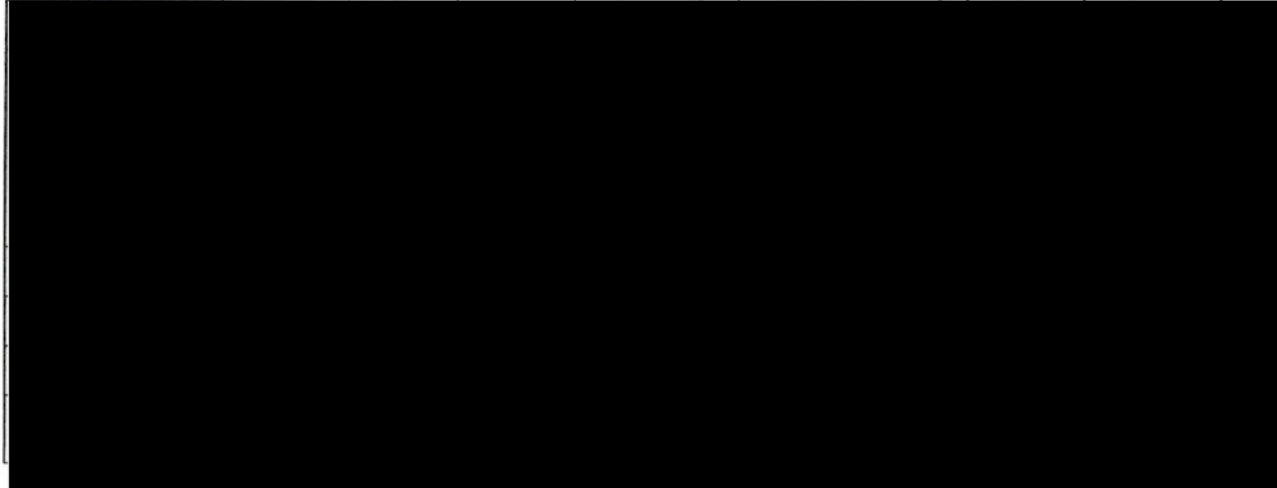


1-21-10
SW

Employee Introduction



Date of Birth	EEO Code	Marital Status	Fed. Exempt.	State Exempt.	Non-Exempt/Exempt	Pos. # (Cost Center/Job Code)	Labor Unit	Accrual Code
12/26/52	2	M	0	0	non-exempt	MD0513	n/a	n/a



CONFIDENTIAL

UMM-26247



9/07/17

EMPLOYEE INTRODUCTION FORM

Employee #: 43761

Social Security # [REDACTED]

Pos Code: MD 0094 ✓

Start Date: ~~09/01/2017~~ 9/07/2017 ✓

Date of Birth: 10/13/1978 ✓

Male/Female: Female ✓

Marital Status: Married ✓

Hourly Rate: \$ 156.25 ✓

Total Hours: 32.24 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: ~~B30-40DOC~~ B20-29HRS ✓

Non Exempt/Exempt: PHYSICIAN ✓

Labor Unit: PHY

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact:

PR4
HIF
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SC
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UMassMemorial
Medical Group

A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 54685 ✓

Social Security # [REDACTED] ✓

Pos. Code: MD0094 ✓

Start Date: 7/31/2017

MI: [REDACTED]

Date of Birth: 8/04/1970 ✓

Male/Female: Female ✓

Marital Status: S ✓

Hourly Rate: \$ 182.0512 ✓

Total Hours: 36 ✓

EEO Code: 2 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: 4 ✓

State Exemption: 1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED] ✓

In case of emergency contact: ✓

Randa Mowlood

CONFIDENTIAL

UMM-26858

UMM-26969

UMass Memorial Medical Center – New Provider Notification Form (version 11.04)**Fax to: Maureen Podesta, Dir, Medical Staff Services at (508-334-8235), APS(508-273-1305)**

This Section for Medical Staff Services Use Only – Distribution: () GME () Former Staff () Graduating UMass GME
 M. Podesta ___ S. Filsinger ___ N. Stone ___ M. Waskevich ___ E. Mandile ___ D. Newmann ___ M. Albano ___ N. Boucher ___
 K. Zalegowski ___ L. Auen ___ N. Morabito ___ N. Boisvert ___ A. Payne ___ A. Hanley ___ M. Norcross ___ D. Giannino ___

Dept. Information: Today's Date: 12-14-04
 Dept member completing form : Charles Robba Phone: 508-856-2144
 Authorized by (Dept. Chair/Div. Chief) Krishan Kundarpa
 Dept. Contact if any questions about applicant: C. Robba Phone 6-2144

All applicants: include current c.v. Medical Group applicants must show new practice address**Applicant/Practice Information: to be completed by UMMC dept.**

(X) Department will pay application fee \$150 () Applicant responsible for application fee \$150
 Departments paying application fees will be invoiced on a quarterly basis

Social Security # [REDACTED] Date of Birth 8-10-57

Clinical Department/Division Radiology

Provider Specialty Radiology

149


revised



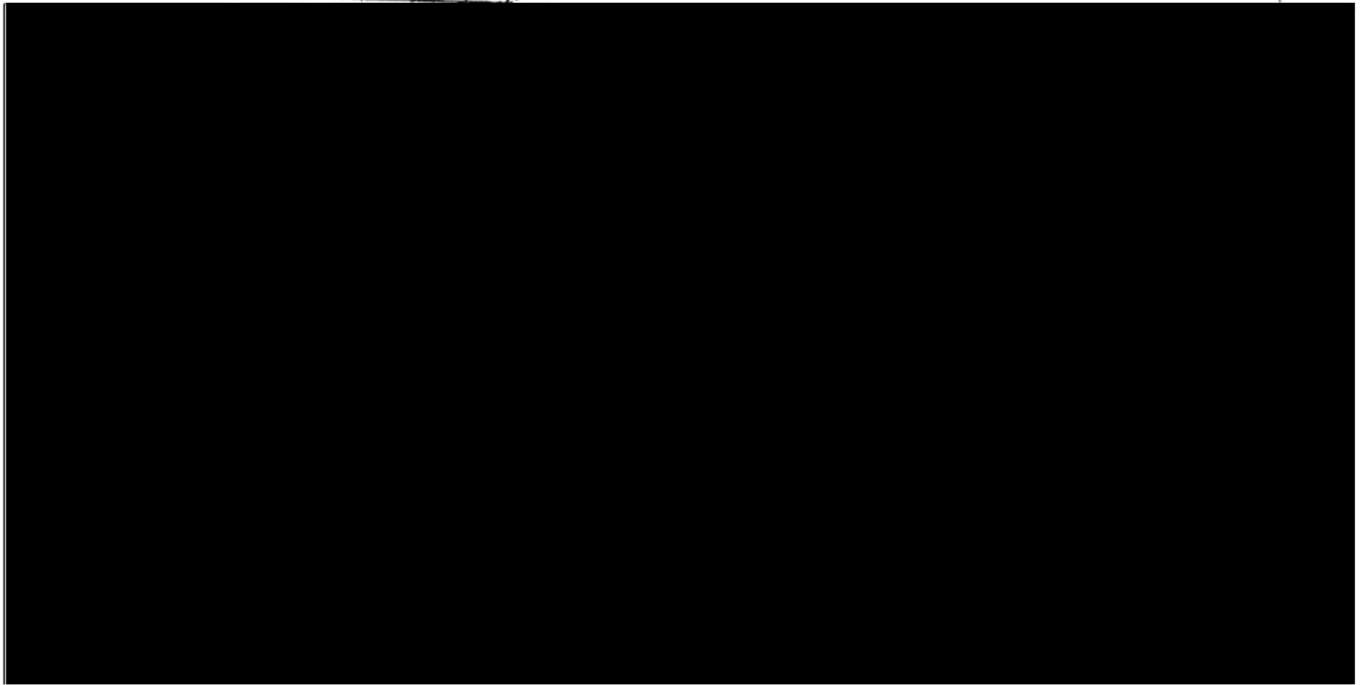
NAME: E. Christine Wallace, M.D.

SCOPE OF PRACTICE and PERSONAL INFORMATION

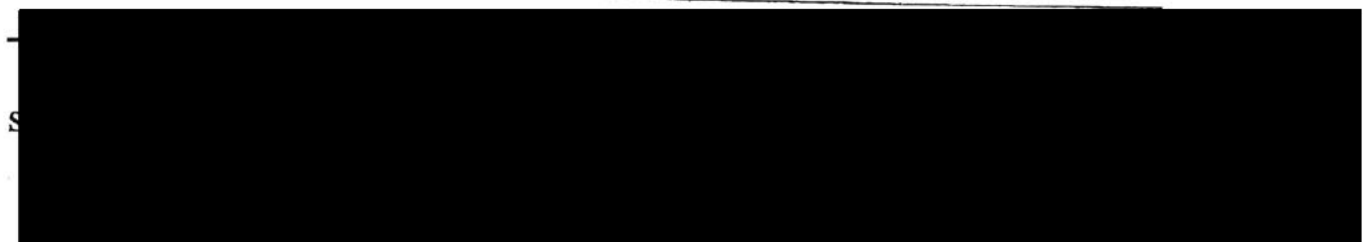
FOR ALL PHYSICIANS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date of Birth: 12/26/1960 Social Security Number: 

Contact information (best to reach you):



PROFESSIONAL BILLING COMPANY (If applicable): _____





UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 43148 ✓

Social Security # [REDACTED]

Pos Code: MD0640 ✓

Start Date: 2/10/2017

Date of Birth: 01/12/1961 ✓

Male/Female: Male ✓

Marital Status: M ✓

Hourly Rate: \$ 162.50 ✓

Total Hours: .01 ✓

EEO Code: 4 ✓

Shift: 1 ✓

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: PDPHY ✓

Labor Unit: Physician ✓

Fed Exemption: 5 ✓

State Exemption: 5 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact: ✓

HI
PC
SC
Camm
3/2/17

CONFIDENTIAL

UMM-27635



UMassMemorial
Medical Group
A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 40751

Social Security #: [REDACTED] ✓

Pos Code: MD0094 ✓

Start Date: 7/01/2015 ✓

MI: E.

Mailing Address: 9B County Club Ln ✓

City: Milford ✓

State: MA

Zip: 01757 ✓

Date of Birth: 1/29/1982 ✓

Male/Female: Female ✓

Marital Status: M ✓

Hourly Rate: \$ 125.80/2 ✓

Total Hours: 24 ✓

EEO Code: O

Shift: 1 ✓

Benefit Group: B20-29DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician

Fed Exemption: 4 ✓

State Exemption: 3 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Breast Imaging

Location Code / I-Code: 767

Status: A

Payroll Dept. Number: [REDACTED] ✓

CONFIDENTIAL

UMM-27794



UMassMemorial
Medical Group
A Member of UMass Medical Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 54702 ✓

Social Security # [REDACTED]

Pos. Code: MD0096 ✓

Start Date: 6/30/2017 ✓

Date of Birth: 6/13/1985

Male/Female: Male

Marital Status: MARRIED ✓

Hourly Rate: \$ 156.25 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 3 ✓

State Exemption: 3 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact: ✓

Cam

CONFIDENTIAL

UMM-27939


Page 2

SUBJECT INFORMATION



Maiden Name (or other name(s) by which you have been known)

07/11/1964 _____
Date of Birth Place of Birth

Last Six Digits of Social Security Number: ***-_____-____-

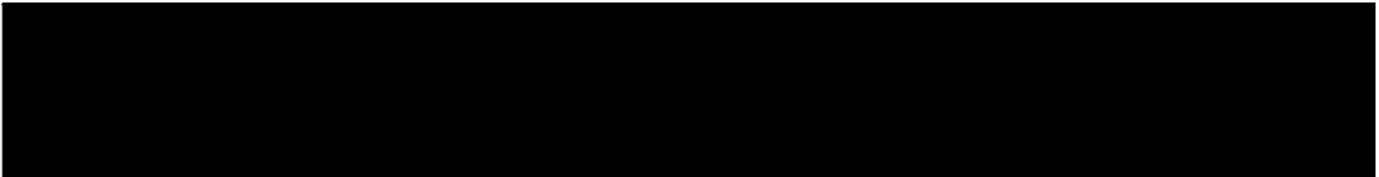
Sex: Male Height ____ ft. ____ in. Eye Color ____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:



*HR/Internal Use Only

The above information was verified by reviewing the following form(s) of government issues identification:

I certify that MARLBOROUGH HOSPITAL is in compliance with all applicable state and federal consumer reporting statutes, and will not misuse any information in violation of federal or state equal employment opportunity laws or regulations.

VERIFIED BY: Maureen Podesta
Name of Verifying Employee

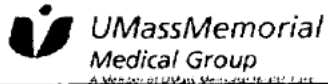
Signature of Verifying Employee

Permissible Purpose: ☐ AmeriCorps Program ☐ Employment Applicant ☐ Employment Current
☐ Employment Sub-Contractor ☐ Volunteer/Interns Applicant ☐ Volunteer/Interns Current

This individual is expected to earn annually ☐ Over \$75,000 ☐ Under \$75,000

CONFIDENTIAL

UMM-29658

**EMPLOYEE INTRODUCTION FORM**

Employee #: 51299

Social Security #: [REDACTED] ✓

Pos Code: MD0091 ✓

Start Date: 12/21/2015 ✓

Date of Birth: 1/06/1982 ✓

Male/Female: Male ✓

Marital Status: married ✓

[REDACTED]

Hourly Rate: \$ 157.6125 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: Physician ✓

Fed Exemption: Single 1 ✓

State Exemption: S-1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: [REDACTED]



UMassMemorial
Medical Group
A Member of UMass Medical Group Care

EMPLOYEE INTRODUCTION FORM

Employee #: 53945 ✓

Social Security # [REDACTED]

Pos Code: ~~MD0968~~ MD0514 ✓

Start Date: 2/01/2017

Date of Birth: 4/11/1978 ✓

Male/Female: Male ✓

Marital Status: M ✓

Telephone: [REDACTED]

Hourly Rate: \$ 162.50 ✓

Total Hours: .01 ✓

EEO Code: 2 ✓

Shift: 1 ✓

Benefit Group: B.01 HRS ✓

Non Exempt/Exempt: Physician ✓

Labor Unit: Physician

Fed Exemption: 1 ✓

State Exemption: 1 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Interventional Radiology

Location Code / I-Code: 730

Status: A

Payroll Dept. Number: [REDACTED]

In case of emergency contact: ✓

CONFIDENTIAL

UMM-28127



Employee Introduction

LP
2/22/22

Date of Birth 09/10/57	EEO Code 2	Marital Status M	Fed. Exempt. 0	State Exempt. 0	Non-Exempt/Exempt Exempt	Pos. # (Cost Center/Job Code) FA0133	Labor Unit n/a	Accrual Code n/a
Job Title		Grade		Step	Department Name		Location/Code	

CONFIDENTIAL

UMM-28163

Exhibit NNNN

ADDRESSCHANGE****Effective Date:****Primary Patient Care Location Change:**
☐ University Campus
 ☐ Memorial Campus
 ☐ Hahnemann Campus
 ☐ Other:

Street:

Suite:

City:

State:

Zip:

Primary Location Phone #:

& Fax:

E-Mail:

Patient appointments scheduled at this address: ☐
Other Patient Care Location: ☐ Add ☐ Remove
☐ University Campus
 ☐ Memorial Campus
 ☐ Hahnemann Campus
 ☐ Other:

Street:

Suite:

City:

State:

Zip:

Other Location Phone #:

& Fax:

E-Mail:

Patient appointments scheduled at this address: ☐
Administrative Office Address:
☐ University Campus
 ☐ Memorial Campus
 ☐ Hahnemann Campus
 ☐ Other:

Street:

Suite:

City:

State:

Zip:

Administrative Office Phone# :

& Fax:

E-Mail:

Home Address:

Street:

Suite/Apt#:

City:

State:

Zip:

Home Phone:

Home Fax:

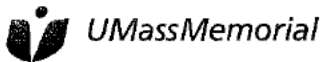
Cell Phone:

E-Mail:

Comments:
Dr. Agrawal will be changing from full-time radiologist to per diem effective 9/30/2017.

After submitting this form please fax supporting documents to 508-334-8235 using the fax cover sheet below. If a billing area form is required please select the appropriate form from the link, complete it, and submit it using the "submit" button located at the bottom of each billing area forms.

Exhibit OOOO



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

VIA HAND DELIVERY

March 1, 2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

RE: Notice of Termination of Employment

Dear Dr. [REDACTED]:

As has been discussed with you at your meeting today, this letter is to serve as formal notice that your employment with UMass Memorial Medical Group and the University of Massachusetts Medical School will terminate, without cause, effective August 30, 2013. You will be expected to fulfill all of your clinical and professional responsibilities in a timely and satisfactory manner during this notice period. AJ Avila in the Human Resources Department will be available to discuss any benefits-related questions you may have. You can reach him at [REDACTED] [REDACTED].

Thank you for your efforts on behalf of UMass Memorial. We wish you success in your future endeavors.

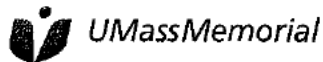
Sincerely,

Eric Dickson, MD, President
UMass Memorial Medical Group, Inc.

Max Rosen, Chair
Department of Radiology

✓ Cc: Luanne Thorndyke, MD
AJ Avila

Exhibit PPPP



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

March 13, 2013

██████████
Department of Radiology
University Campus

Max P. Rosen, MD, MPH, FACR
Professor and Chair

Dear Dr. ██████████

In accordance with University of Massachusetts Medical School (UMMS) Human Resource's policy and Article 10, Sections 10.8 of the Academic Personnel Policy (Doc. T95-022, as amended August 23, 2006), on March 1, 2013 you received a formal written notice of termination of your position with the UMMS. This letter confirms the termination of your faculty appointment as an Assistant Professor of Radiology in the School of Medicine effective August 30, 2013.

With respect to your current contributions to the academic program, you will be permitted to continue your teaching and service activities during this notice period (from March 1, 2013 to August 30, 2013). Thank you for your contributions to the Department of Radiology and the UMMS.

Kindly sign the bottom of this letter to confirm your receipt of this notice and your agreement to the stated forms and conditions.

Sincerely,

Max P. Rosen, MD, MPH
Professor and Chair
Department of Radiology

I acknowledge receipt of this termination notice and accept said terms as indicated by my signature below (dated):

_____ Date

Cc: Dr. Luanne Thorndyke, Vice Provost for Faculty Affairs



Medical Group

One Biotech Park
365 Plantation Street
Worcester, MA 01605-2376
Tel: 508-334-0311
Fax: 508-334-0333
E-mail: streetem@ummhc.org
www.umassmemorial.org

**PERSONAL AND CONFIDENTIAL
VIA OVERNIGHT DELIVERY**

September 9, 2013

Michele M. Streeter, CPA
Vice President, Finance & Administration

RE: Your Request

Dear Dr. [REDACTED]

I understand through our HR Business Partner, Kathleen LeBlanc, that you have requested an additional review of your original request pursuant to the UMass Memorial Medical Group Dispute Resolution Policy for Physicians. As you are aware, Dr. Steve Tosi conducted a thorough review of the decision of your Department Chair to issue notice of termination of your employment, without cause, pursuant to your employment agreement. Dr. Tosi met with and spoke with a number of individuals, including yourself and your Chair. As you were informed, his conclusion was that this decision was within the Chair's discretion. Consistent with your employment agreement, you were afforded six months' notice of this decision.

The next step of review called for under our Policy would ordinarily be provided by the President of the Medical Group. Since that role is now being filled by Dr. Tosi himself on an interim basis, I have reviewed the process followed by Dr. Tosi. I concur with his conclusion. As you further know, you were notified that you had the election to resign your employment, rather than have it characterized as a termination. You subsequently submitted a letter of resignation, but to the extent that you refer it as a "forced resignation," please be advised that we will not accept that characterization. Unless we hear otherwise from you within the next two weeks, we will accept the letter of resignation as a voluntary action on your part, and your personnel record will reflect it as such.

Finally, I will note that counter to your representations, it appears that you have had full access to and assistance from our Human Resources team throughout this process. While we understand that this has been a difficult process for you, we remain confident that the necessary resources were in place to assist you.

Thank you for your contributions to UMass Memorial and best wishes to you in your future endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michele Streeter'.

Michele Streeter, Executive Vice President/COO

Cc: Stephen Tosi, MD

Max Rosen, MD

Kathleen LeBlanc

UMass Memorial Medical Group
is a multi-specialty group practice with
offices throughout Central Massachusetts.

Exhibit QQQQ

Radiologists separated from UMass Memorial Medical Group since January 1, 2015.

	Name	Separation Date	Reason
1		3/1/2015	Voluntary
2		3/15/2015	Voluntary
3		5/31/2015	Voluntary
4		6/30/2015	Unknown
5		7/18/2015	Resigned Following Discussion of Performance Concerns
6		8/28/2015	Voluntary
7		9/11/2015	Voluntary
8		9/11/2015	Voluntary
9		11/24/2015	Retired
10		12/12/2015	Resigned Following Discussion of Performance Concerns
11		1/1/2016	Retired Following Discussion of Performance Concerns
12		2/1/2016	Per Diem – No Longer Needed
13		2/25/2016	Voluntary
14		4/29/2016	Voluntary
15		5/13/2016	Voluntary (since re-hired)
16		6/11/2016	Per Diem - No Longer Needed
17		7/1/2016	Retired
18		9/30/2016	Voluntary
19		10/13/2016	Voluntary
20		11/4/2016	Voluntary
21		1/9/2017	Voluntary
22		4/5/2017	Voluntary
23		5/17/2017	Voluntary
24		5/31/2017	Resigned Following Discussion of Performance Concerns
25		6/23/2017	Resigned Following Discussion of Performance Concerns
26		6/30/2017	Voluntary
27		6/30/2017	Voluntary

28			12/31/2017	Retired
29			1/30/2018	Voluntary
30			2/1/2018	Voluntary
31			2/13/2018	Per Diem - No Longer Needed
32			6/1/2018	Resigned Following Discussion of Performance Concerns
33			6/30/2018	Per Diem - No Longer Needed
34			6/30/2018	Per Diem - No Longer Needed
35			7/30/2018	Voluntary
36			8/17/2018	Voluntary
37			10/10/2018	Per Diem - No Longer Needed
38			2/22/2019	Voluntary
39			3/15/2019	Involuntary - Performance
40			5/25/2019	Voluntary
41			6/3/2019	Per Diem - No Longer Needed
42			7/8/2019	Voluntary
43			7/23/2019	Voluntary
44			8/30/2019	Voluntary
45			10/16/2019	Retired
46			11/15/2019	Voluntary
47			1/7/2020	Voluntary
48			4/15/2020	Voluntary
49			4/30/2020	Per Diem - No Longer Needed
50			7/11/2020	Voluntary
51			9/10/2020	Voluntary
52			10/31/2020	Retired

Exhibit RRRR

Alan J. Goldstein, M.D.

Department of Radiology
 University of Massachusetts Medical School
 55 Lake Avenue North
 Worcester MA, 01655
 (508) 334-3850
 alan.goldstein@umassmemorial.org

Education

M.D., State University of New York at Stony Brook, Stony Brook, NY	2010
B.S., Biology (<i>Magna Cum Laude</i>), Cornell University, Ithaca, NY	2006

Postdoctoral Training

Fellowship, Abdominal Imaging, Massachusetts General Hospital, Boston, MA	2015-2016
Residency, Yale-New Haven Hospital, New Haven, CT	2011-2015
Internship, Hospital of Saint Raphael, New Haven, CT	2010-2011

Academic Appointments

Assistant Professor Department of Radiology, University of Massachusetts, Worcester, MA	2016-
--	-------

Leadership Positions

Division Chief, Abdominal Imaging, University of Massachusetts, Worcester, MA	2018-
Director of CT Colonography, University of Massachusetts, Worcester, MA	2017-
Chief Resident, Department of Radiology, Yale-New Haven Hospital, New Haven, CT	2013-2015

Honors and Awards

Outstanding Resident of the Year, Department of Radiology, Yale New-Haven Hospital, New Haven, CT	2015
Merck Manual Award for Clinical Excellence, Stony Brook University School of Medicine, Stony Brook, NY	2010
Alpha Omega Alpha Honor Medical Society, Mu Chapter, Stony Brook University School of Medicine, Stony Brook, NY	2009

Professional Memberships and Activities

ACR Appropriateness Criteria, GI Panel	2017-
Resident Selection Committee, Department of Radiology, Yale New-Haven Hospital Member, Committee	2013-2015
Diagnostic Radiology Programmatic Committee, Department of Radiology, Yale-New Haven Hospital Member, Committee	2013-2015
Emergency Radiology Quality Improvement Committee, Department of Radiology, Yale-New Haven Hospital Member, Committee	2013-2015
Graduate Medical Education Committee, Yale University School of Medicine Member, Committee	2014-2015

Updated: July 25, 2018



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

June 15, 2018

Elisabeth Garwood, MD
363 Dean St Apt #3
Brooklyn, NY 11217
Dear Dr. Garwood,

On behalf of UMass Memorial Medical Group ("UMMMG") and the University of Massachusetts Medical School ("UMMS"), we are pleased to extend an offer of employment to you within the Department of Radiology, effective September 28, 2018. If you choose to accept this offer, you would be joining UMMMG as an employed physician, and your employment would be governed by the terms and conditions of an employment agreement with UMMMG, a copy of which will be forwarded to you upon acceptance of this offer.

Concurrently, you will be recommended for appointment to the faculty of UMMS as Assistant Professor within the Department of Radiology, non-tenure track, pending formal approval through the standard academic review process. Your faculty appointment and status will be governed by the Academic Personnel Policy for UMMS, (Dec.T95-022, as amended) (<https://goo.gl/w37PVG>). In addition to the services you will be providing under your employment agreement with UMMMG, you will also be performing certain services on behalf of UMMS, and a portion of your compensation will be paid to you by UMMS.

You will be joining us as a member of the Musculoskeletal Division (MSK). As a member of the MSK division, you will report to Dr. Steve Baccei, Division Director for MSK. You will be expected to perform the full range of MSK related diagnostic interpretations (X-Ray, CT, MRI, and Ultrasound) and interventional MSK procedures (arthrograms, bone and soft tissue biopsies, joint injections).

From September 28, 2018 until June 30, 2019 your schedule will be as follows:

- You will be responsible for working on the 4-10 shift, on a combination of (Monday thru Thursday) 10 days per calendar month. This shift will be at Memorial Hospital, in order for you to be available to cover contrast injections at our MRI facility. At various times, we may ask you to cover contrast injections, and also perform arthrograms at our Shrewsbury Street outpatient MRI facility from 4-10 pm. These shifts would be included in your allocation of 10 4-10 pm shifts per month, NOT in addition to your allocation of 10 shifts per month.

- You will be scheduled in MSK during normal business hours during the remainder of your clinical time.
- You will be allocated 46 academic (non-clinical) days per 12 months (1 day per week).
- During this time period you will NOT be responsible for any weekend “call” coverage.

After July 1, 2019, your schedule will revert to that of all others in the MSK division.

- You will be allocated 46 academic (non-clinical) days per 12 months (1 day per week).
- You will be responsible for sharing in the weekend call responsibilities which is currently 1:5. The MSK division currently covers our outpatient MRI center from 8 am to 5 pm Saturday, Sunday, and Holidays.
- Holidays are distributed evenly among the MSK division members. Any holiday which you work, will be “paid” with a “compensation” day at a mutually agreed upon time.

As a UMMS Faculty Member, you will be expected to demonstrate excellence in one or more Areas of Distinction (Health Care Delivery; Investigation; Education; Population Health and Public Policy), to demonstrate effectiveness in Educational Activities, and to participate in Academic Service. Educational Activities may include clinical teaching and mentoring, as well as didactic instruction for medical students, residents and other learners.

Your successful development as an academic physician is important to all of us. You will receive mentoring and support from faculty within the Department, from other UMMS faculty, and through a resource network that includes other clinical and basic science departments and programs. UMMM and UMMS offer a variety of programs to support your development. The UMMS Office of Faculty Affairs offers faculty development and mentoring to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your initial salary would be \$330,000 per year. You will be eligible to participate in the UMMM Physician Incentive Compensation Program after completing one year of employment. Please review the attached document entitled “Physician Benefits At-A-Glance,” which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.


If you are able to accept our offer of employment and return your signed offer on or before July 30, 2018, we would like to offer a sign-on bonus of \$10,000. Per our usual practice, half of this will be paid after the first month of employment with UMMM, and the balance will be paid after completing six months of employment.

Also, UMMMGM will reimburse you for reasonable moving expenses up to a maximum of \$5,000 upon receipt of proper documentation. This reimbursement must be repaid if your employment with UMMMGM should last less than one year.


This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than July 30, 2018, three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our Office of Medical Staff Services, a satisfactory pre-employment physical, drug testing and criminal background check. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal UMMMGM employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

Sincerely,

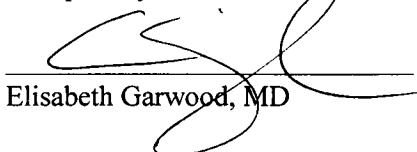
 6/19/2018

Max P. Rosen MD MPH
Professor and Chair
Department of Radiology

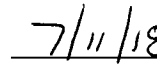
 6/28/18

Stephen Tosi, MD
Chief Physician Executive
President, UMass Memorial Medical Group

Accepted by:

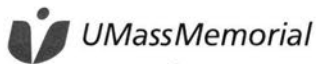


Elisabeth Garwood, MD

 7/11/18

Date:

Cc: Luanne E. Thorndyke, MD, Vice Provost for Faculty Affairs, UMMS



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

October 27, 1015

Alan Goldstein, M.D.
1731 Beacon Street, Apt. 204
Brookline MA, 02445

Dear Dr Goldstein,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective July 11, 2016.

I understand that you will need to take the final stage of the ABR exam in the fall of 2016. To help you have time to study for the exam you will be able to take one week of your vacation in August 2016 and a second week of vacation in September 2016. As your pro-rated vacation time (30 days per year) would allow for 7.5 days per quarter, these 10 requested days will represent an additional allocation of 2.5 days during FY2016.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will be a full time member of our Abdominal Imaging Division, reporting to Adib Karam, MD, Division Chief of Abdominal Imaging.

Your call obligation will be in either the Abdomen or the Chest division, based on departmental needs and your comfort with "basic" image-guided abdominal interventional procedures. (Abdomen call requires the ability to perform basic procedures 8am to 5 pm Saturday/Sunday/Holidays at our Memorial campus.) Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

You will initially be allocated "12 base" academic (non-clinical) days per year, and an additional 12 days per year for the following activities (this allocation will be re-evaluated after your first year):

- Educational activities within the division of translational anatomy
- Developing or expanding mutually agreed upon activities within abdominal imaging
- During your first 2 years, if you are interested, we will provide one additional week of "time off" and support to attend a mutually agreed upon educational course in the US.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your base salary would be \$275,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.

Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.


This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than November 15, 2015. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offenders records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood. We look forward to hearing from you.

Sincerely,

 11/28/15

Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 11/5/15

Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 11/9/15

Alan Goldstein, MD Date:



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

November 3, 2016

Christopher P. Sereni, M.D.
511 W. Pratt Street, Apt 1210
Baltimore, MD 21201
csereni@jhmi.edu

Dear Dr. Sereni,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective June 30, 2017.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Musculoskeletal Radiology Division, as a full-time radiologist, reporting to Christopher Cerniglia, DO, Division Chief of MSK Radiology.

Your call obligation will be in the MSK Division. Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies, in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your academic (non-clinical) days to develop mutually agreed-upon research projects will be allocated as follows:

- 1/2 day per week (23 days/year)

This allocation will be re-evaluated after six months at UMass.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of

Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your base salary would be \$325,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.


This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than November 18, 2016. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

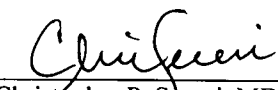
Sincerely,

 11/03/2016

Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

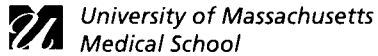
 11/13/16

Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 11/21/16

Christopher P. Soreni, MD Date:

Cc: Luanne Thorndyke, MD



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

December 5, 2016

Ryan Tai, MD
40 Parker Hill Avenue, Apt. 14
Boston, MA 02120

rtai@partners.org

Dear Dr. Tai,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective July 17, 2017.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Musculoskeletal Radiology Division, as a full-time radiologist, reporting to Christopher Cerniglia, DO, Division Chief of MSK Radiology.

Your call obligation will be in the MSK Division. Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies, in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your academic (non-clinical) days to develop mutually agreed-upon research projects will be allocated as follows:

- 1/2 day per week (23 days/year)

This allocation will be re-evaluated after six months at UMass.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your base salary would be \$325,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.

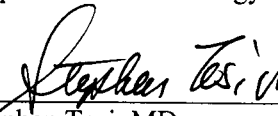
This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than December 19, 2016. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

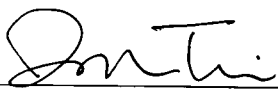
Sincerely,

 12/6/2016

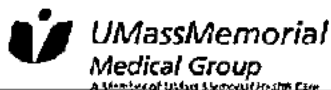
Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 12/16/16

Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 12/19/2016

Ryan Tai, M.D. Date:

**EMPLOYEE INTRODUCTION FORM**

Employee #: 54702 ✓

Social Security # [REDACTED]

Pos. Code: MD0096 ✓

Start Date: 6/30/2017 ✓

Last Name: [REDACTED] ✓

First Name: [REDACTED] ✓

MI: J.

Mailing Address: [REDACTED] RD ✓

[REDACTED]

State: MA ✓

Date of Birth: 6/13/1985

Male/Female: Male

Hourly Rate: \$ 156.25 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: Physician

Labor Unit: Physician

Fed Exemption: 3 ✓

State Exemption: 3 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code: 167

Status: A

Payroll Dept. Number: [REDACTED]

CONFIDENTIAL**UMM-27939**



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

September 12, 2014

Max P. Rosen, MD, MPH, FACR
Professor and Chair

Stephan Wicky Van Doyer, MD
9 Penn Road
Winchester, MA 01890

Dear Dr. Wicky,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective December 31, 2014. If you choose to accept this offer, you would be joining UMass Memorial Medical Group (UMMMG) as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as a **Professor of Radiology, non-tenure track**, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

You will be a 1.0 FTE in our Vascular Interventional Radiology (VIR) division reporting to Dr. Max Rosen, Chair of Radiology. Your duties will be those customarily assumed by division directors. I will work with you during your first month of employment to develop a specific job description. You will also serve as the co-director of our new Intervention Oncology Group.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Salary: Your base salary will be \$400,000, and you will be eligible to participate in our Radiology Department incentive compensation plan, if one exists at the time of your

employment. In addition, I will work with you to develop an incentive plan specific for the VIR division, with the goal of creating an incentive plan encompassing the VIR service line (both professional and technical billing).

Non-Clinical time: You will be allocated a base 12 academic days per year. In addition you will be allocated an additional 36 days per year for administrative duties.

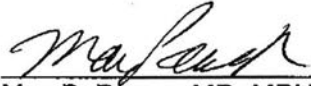
Call: Our standard departmental call is 1:5. Any additional call beyond this will be compensated at our standard rate in effect at the time the call is performed.

Benefits: Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental and long-term disability insurance, a practice allowance and an attractive retirement benefits program.

This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than October 20, 2014. Employment will be contingent on receiving three letters of satisfactory recommendation (which we have received), evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call me or Sharon Sambito. We are delighted that you have decided to join us.

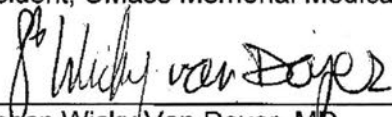
Sincerely,

 9/24/14

Max P. Rosen, MD, MPH Date
Professor and Chair -Department of Radiology

 9/26/14

Stephen Tosi, MD
Chief Physician Executive
President, UMass Memorial Medical Group

 10/6/14

Stephan Wicky Van Doyer, MD Date



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

February 4, 2013

Jean-Marc Gauguet, MD, PHD
4 Dresden Street Apt #2
Jamaica Plain, Ma 02130

Dear Dr Gauguet:

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective August 12, 2013. If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

Your primary responsibilities will be with the Pediatric Radiology Section reporting to Joseph Makris, MD, Section Chief, and your duties will be those customarily assumed by other members of that Section. In addition you will be cross covering up to 2 days a month in the Abdominal and/or ED Sections.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. We are also supportive of your working with any mentors outside of the U Mass system, such as your current mentors at Boston Children's Hospital. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your initial salary would be \$255,000 per year. Salary will be guaranteed for the remainder of FY13 (August 12 – September 30, 2013), as well as for the entire 2014 fiscal year. You will be exempt from any potential impact of our new compensation plan which we anticipate to be effective October 2013 (FY2014).


During the remainder of FY13 and for the duration of FY14 you will receive the department's base allocation of 12 non-clinical (academic) days per year (pro-rated). In addition, you will receive an additional 12 days per pro-rated year during FY'14. The intent of this non-clinical time is to develop your research interests in areas related to pediatric radiology or other areas which will help advance your career and the academic/research/teaching mission of the department. We will reassess this time allocation before the start of the 2015 fiscal year.

In addition you will receive a sign-on bonus of \$5,000 which will be paid within 45 days of your start date. If you should terminate your employment during the first year, you would be required to repay the bonus on a prorated basis. Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than February 25, 2013. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Sharon Sambito. We look forward to hearing from you.

Sincerely,

 2/4/13
 Max P. Rosen, MD, MPH Date
 Professor and Chair
 Department of Radiology

 Eric Dickson, MD, President Date
 UMass Memorial Medical Group

 Jean-Marc Gauguet, MD, PHD Date



UMassMemorial
Medical Group

A Member of UMass Memorial Health Care

EMPLOYEE INTRODUCTION FORM

Employee #: 33078

Social Security # [REDACTED]

Pos Code: MD0998 ✓

Start Date: 3/30/2018

MI: [REDACTED]

Date of Birth: 1/18/1970 ✓

Male/Female: Male ✓

Marital Status: Single ✓

Hourly Rate: \$ 180.2880 ✓

Total Hours: 40 ✓

EEO Code:

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit: PHY

Fed Exemption: 0 ✓

State Exemption: 0 ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD.2132 ✓

In case of emergency contact: [REDACTED]

RH

CONFIDENTIAL

UMM-07227



UMassMemorial
Medical Group
A Member of UMass Medical Center

EMPLOYEE INTRODUCTION FORM

Employee #: 51468

Social Security #: [REDACTED] ✓

Pos Code: ~~MD0247~~ MD0818 ✓

Phone: 508/855-1111

Date of Birth: 1/17/1969 ✓

Male/Female: Female

Marital Status: SINGLE ✓

[REDACTED] ✓

Hourly Rate: \$ 138.6538 ✓

Total Hours: 40 ✓

EEO Code: 0 ✓

Shift: 1 ✓

Benefit Group: B30-40DOC ✓

Non Exempt/Exempt: PHYSICIAN

Labor Unit:

Fed Exemption: ☐ ✓

State Exemption: ☐ ✓

Shift Length: 111 ✓

Accrual Code: n/a

Job Title: Physician ✓

Grade:

Department Name: Radiology

Location Code / I-Code:

Status: A

Payroll Dept. Number: 340.00.ARAD-2230-2013 ✓

CONFIDENTIAL

UMM-07628

Exhibit SSSS



Université d'Ottawa
Faculté de médecine
Département de radiologie
L'Hôpital d'Ottawa
Campus Général
University of Ottawa
Faculty of Medicine
Department of Radiology
The Ottawa Hospital
General Campus

April 25, 2019

RE: Hao S. Lo, MD academic rank promotion

Dear Dr. Max Rosen,

It is a pleasure to support Dr. Hao Lo's promotion to the academic rank of associate professor. I do so with no reservation.


I have known Hao since 2018, through our work together for the American Society of Emergency Radiology. I have worked with him on the educational committee, fellowship subcommittee. For the society, he has also served on the corporate sponsorship and scientific program subcommittees. He will be moderating a session entitled *Infection and Ultrasound* at the 2019 annual meeting.

In reviewing Hao's body of educational, academic and administrative work, he has taken an active role in ED radiology division leadership activities, resident/medical student education and clinical research. For instance, he started the UMass ED radiology fellowship training program, for which he currently serves as the program director. He also took leadership roles in expanding radiology services to a 24 x 7 x 365 model and implementing advanced images services in our emergency department (coronary CT angiogram and rapid protocol MRI).

Hao has demonstrated excellent academic potential at the assistant professor level, garnering a reputable national recognition. He has authored numerous peer-reviewed scholar articles, multiple book chapters and served as guest editor for the journal *Seminars in Ultrasound, CT and MRI*. The issue he edited was dedicated to the imaging of the acutely traumatized patient. Hao has also presented many presentations at RSNA, our specialty's preeminent international meeting, which annual meeting attendance of over 50,000. It should also be noted that Hao has mentoring numerous medical students, residents and fellows who have now pursued their own careers in radiology and many currently hold junior faculty positions at well-respected radiology departments throughout the country. Hao is also a reviewer for one of our specialty's important publications, *Journal of the American College of Radiology*.

In summary, I offer my enthusiastic support recommendation for Dr. Hao Lo's promotion to the academic rank of associate professor, with no reservation.

Sincerely,


Dr. Adnan Sheikh, MD
Associate Professor, Department of Radiology, University of Ottawa
MSK and ER Radiologist
Head, ER-Trauma Imaging Program
Director, 3-D Printing



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

October 10, 2019

Hao Lo, MD
Department of Radiology
UMass Memorial
55 Lake Avenue North
Worcester, MA 01655

Dear Hao,

This is to confirm that effective October 1, 2019 you will be promoted to Vice Chair for Diagnostic Operations. You will receive \$15,000 stipend for this new role.

You will continue to work 26 additional days and receive \$33,800 for them.

Your new total compensation will be as follows:

Base:	\$330,000
Associate Professor:	\$10,000
Vice Chair of Diagnostic Operations:	\$15,000
26 extra days/year:	<u>\$33,800</u>

Total: \$388,800

Effective January 1, 2020, you will be promoted to the Division Chief of the ED Imaging Division. You will receive an additional \$15,000 for this role. Your salary will increase to \$403,800 at that time.

Sincerely,

Max P. Rosen, MD, MPH
Professor and Chair

10/10/2019

Date

Hao Lo, MD

10/18/2019

Date

Cc. Randa Mowlood

CONFIDENTIAL

UMM-17669

Exhibit TTTT



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
joseph.ferrucci@umassmemorial.org
www.umassmemorial.org

January 15, 2012

Byron Y. Chen, MD



Joseph T. Ferrucci, MD
Professor and Chair

Dear Dr. Chen,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective July 1, 2012. If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

You will be a full time member of the Abdominal Imaging Division reporting to Sarwat Hussain, MD, Division Chief, and your duties will be those customarily assumed by other members of that Division. These include but are not limited to interpretation of imaging studies, performance of various image guided diagnostic and therapeutic procedures and participation in appropriate intra departmental and multidisciplinary rounds and conferences. Teaching residents, fellows and medical students is also an implicit duty.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your initial salary will be \$300,000 per year. You will be eligible to participate in the Medical Group's Physician Incentive Compensation Program after a minimum of 6 months service within the bonus plan's fiscal year. Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and

long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

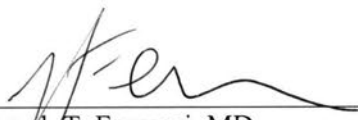
The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year.

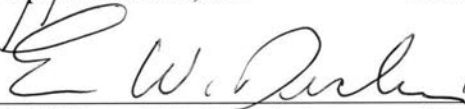
Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.

This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than Feb 15, 2012. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offenders records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Sharon Sambito. We look forward to hearing from you.

Sincerely,

 1/12/2012
Joseph T. Ferrucci, MD Date

 1/12/12
Eric Dickson, MD, President Date
UMass Memorial Medical Group

 MD 1/31/12
Byron Y. Chen, MD Date

Start date effective
July 30, 2012


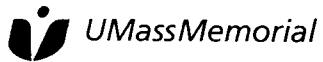

2/2/2012

Exhibit UUUU

UMassMemorial		EMPLOYEE SEPARATION FORM <i>(to be used for employees on the UMass Memorial Payroll)</i> <i>*Please note: This form is <u>not</u> for Internal Transfers*</i> <i>(for internal transfers use the Employee Change Form located on the tab below)</i>									
Upon receipt of resignation of employment (including discharge), this form must be completed, signed, and forwarded promptly to the HRIS Mailbox (HRIS.Mailbox@umassmemorial.org) or faxed to the HR Records Dept at (508) 793-5671 to ensure timely processing of terminal benefits (unused earned time, vacation and personal time accruals), and ensure security deactivation.											
<i>For Immediate Discharges: you can complete the IS Security Access Form (located on Ournet - Administrative - Information Systems - Groups and Teams - Information Security - Information Security Forms and Agreements or Contact your Business Partner for Assistance</i>											
Name: <u>Ajay Wakhloo</u>	Employee Number: <u>30580</u>										
Cost Center Name: <u>NEURO IMAGING AND INTERVENTION</u>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 25%;">Corp</th> <th style="width: 25%;">Div</th> <th style="width: 25%;">Dept</th> <th style="width: 25%;">Cost Center</th> </tr> <tr> <td>340</td> <td>00</td> <td>ARAD</td> <td>2119</td> </tr> </table>			Corp	Div	Dept	Cost Center	340	00	ARAD	2119
Corp	Div	Dept	Cost Center								
340	00	ARAD	2119								
Last Day Worked: <u>02/01/18</u> Official Separation date: <u>2.1/2018</u>											
Offer Exit Interview with HR Business Partner <input type="checkbox"/> Yes <input type="checkbox"/> No											
Resignation letter Date: <u>12.20.2017</u> (notify HR Business Partner if all properties/monies are not returned)											
With a resignation payroll will mail the final check(s) including accrual check to the employee											
Reason for Termination: (Check all that apply)											
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Conflict with other employees</div> <div style="width: 50%;"><input type="checkbox"/> Higher Pay</div> <div style="width: 50%;"><input type="checkbox"/> Benefits</div> <div style="width: 50%;"><input type="checkbox"/> Conflict with Manager/Supervisor</div> <div style="width: 50%;"><input type="checkbox"/> Family and/or personal reasons</div> <div style="width: 50%;"><input type="checkbox"/> Career Change</div> <div style="width: 50%;"><input type="checkbox"/> Commute</div> <div style="width: 50%;"><input type="checkbox"/> Performance Issues</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Better Job Opportunity</div> <div style="width: 50%;"><input type="checkbox"/> Relocate/move</div> <div style="width: 50%;"><input type="checkbox"/> Company Instability</div> <div style="width: 50%;"><input type="checkbox"/> Other - Please note in comments</div> </div>											
Comments: <div style="border: 1px solid black; padding: 10px; min-height: 50px;"> WAS recruited away By Lohrey Clinic. </div>											
Would you re-employ this person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Please note: An explanation is required if "No" or "Maybe" are selected											
Explanation: <div style="border: 1px solid black; height: 50px;"></div>											
<div style="display: flex; justify-content: space-between;"> <div> Immediate Supervisor: <u></u> </div> <div> Date: _____ </div> </div>											
<div style="display: flex; justify-content: space-between;"> <div> Department Head: <u></u> </div> <div> Date: <u>1/11/2018</u> </div> </div>											
Has all UMMHC property been retrieved and returned to the appropriate departments? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Supervisors: Give employee Form 0590-A How to File for Unemployment Insurance Benefits, located at http://www.mass.gov/lwd/docs/dua/0590a-508.pdf											
HR Records should receive the Employee Separation Form and a letter of resignation, if submitted.											
Kronos badges must be submitted to the Payroll Department, Employee ID's/Parking badges must be submitted to the Campus Public Safety Office											
For Benefits related questions, have employee contact the Benefits Contact Center, (508) 334-8511											
<i>For questions about this form, please contact your HR Business Partner or the HR Records Department</i>											

CONFIDENTIAL**UMM-27518**



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-6316
Fax: 508-856-4910
E-mail: wakhloo@ummhc.org
www.umassmemorial.org

February 10, 2014

Ajay K. Wakhloo, MD, PhD
Director, Division of Neuroimaging
and Intervention
Professor of Radiology and Neurosurgery

Ajit S. Puri, MD
Assistant Professor of Radiology and Neurosurgery
UMass Memorial Medical Center
Division of Neuroimaging and Intervention
55 Lake Avenue North
Worcester, MA 01655

Dear Dr. Puri,

After discussing it with Dr. Rosen, it is my pleasure to appoint you to the position of the Co-Director of the Division of Neuroimaging and Intervention at UMass.

Please let me know if this is acceptable to you.

With best regards,

A handwritten signature in black ink, appearing to read 'Wakhloo'.

Ajay K. Wakhloo, MD, PhD, FAHA

cc: Max Rosen, Chairman

Exhibit VVVV



Department of Radiology

University Campus
55 Lake Avenue North
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Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

June 15, 2018

Elisabeth Garwood, MD
363 Dean St Apt #3
Brooklyn, NY 11217
Dear Dr. Garwood,

On behalf of UMass Memorial Medical Group ("UMMMG") and the University of Massachusetts Medical School ("UMMS"), we are pleased to extend an offer of employment to you within the Department of Radiology, effective September 28, 2018. If you choose to accept this offer, you would be joining UMMMG as an employed physician, and your employment would be governed by the terms and conditions of an employment agreement with UMMMG, a copy of which will be forwarded to you upon acceptance of this offer.

Concurrently, you will be recommended for appointment to the faculty of UMMS as Assistant Professor within the Department of Radiology, non-tenure track, pending formal approval through the standard academic review process. Your faculty appointment and status will be governed by the Academic Personnel Policy for UMMS, (Dec.T95-022, as amended) (<https://goo.gl/w37PVG>). In addition to the services you will be providing under your employment agreement with UMMMG, you will also be performing certain services on behalf of UMMS, and a portion of your compensation will be paid to you by UMMS.

You will be joining us as a member of the Musculoskeletal Division (MSK). As a member of the MSK division, you will report to Dr. Steve Baccei, Division Director for MSK. You will be expected to perform the full range of MSK related diagnostic interpretations (X-Ray, CT, MRI, and Ultrasound) and interventional MSK procedures (arthrograms, bone and soft tissue biopsies, joint injections).

From September 28, 2018 until June 30, 2019 your schedule will be as follows:

- You will be responsible for working on the 4-10 shift, on a combination of (Monday thru Thursday) 10 days per calendar month. This shift will be at Memorial Hospital, in order for you to be available to cover contrast injections at our MRI facility. At various times, we may ask you to cover contrast injections, and also perform arthrograms at our Shrewsbury Street outpatient MRI facility from 4-10 pm. These shifts would be included in your allocation of 10 4-10 pm shifts per month, NOT in addition to your allocation of 10 shifts per month.

- You will be scheduled in MSK during normal business hours during the remainder of your clinical time.
- You will be allocated 46 academic (non-clinical) days per 12 months (1 day per week).
- During this time period you will NOT be responsible for any weekend “call” coverage.

After July 1, 2019, your schedule will revert to that of all others in the MSK division.

- You will be allocated 46 academic (non-clinical) days per 12 months (1 day per week).
- You will be responsible for sharing in the weekend call responsibilities which is currently 1:5. The MSK division currently covers our outpatient MRI center from 8 am to 5 pm Saturday, Sunday, and Holidays.
- Holidays are distributed evenly among the MSK division members. Any holiday which you work, will be “paid” with a “compensation” day at a mutually agreed upon time.

As a UMMS Faculty Member, you will be expected to demonstrate excellence in one or more Areas of Distinction (Health Care Delivery; Investigation; Education; Population Health and Public Policy), to demonstrate effectiveness in Educational Activities, and to participate in Academic Service. Educational Activities may include clinical teaching and mentoring, as well as didactic instruction for medical students, residents and other learners.

Your successful development as an academic physician is important to all of us. You will receive mentoring and support from faculty within the Department, from other UMMS faculty, and through a resource network that includes other clinical and basic science departments and programs. UMMMGS and UMMS offer a variety of programs to support your development. The UMMS Office of Faculty Affairs offers faculty development and mentoring to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your initial salary would be \$330,000 per year. You will be eligible to participate in the UMMMGS Physician Incentive Compensation Program after completing one year of employment. Please review the attached document entitled “Physician Benefits At-A-Glance,” which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.


If you are able to accept our offer of employment and return your signed offer on or before July 30, 2018, we would like to offer a sign-on bonus of \$10,000. Per our usual practice, half of this will be paid after the first month of employment with UMMMGS, and the balance will be paid after completing six months of employment.

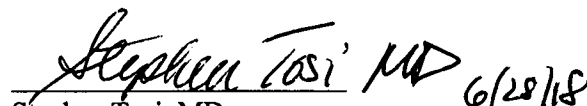
Also, UMMMG will reimburse you for reasonable moving expenses up to a maximum of \$5,000 upon receipt of proper documentation. This reimbursement must be repaid if your employment with UMMMG should last less than one year.

This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than July 30, 2018, three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our Office of Medical Staff Services, a satisfactory pre-employment physical, drug testing and criminal background check. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal UMMMG employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

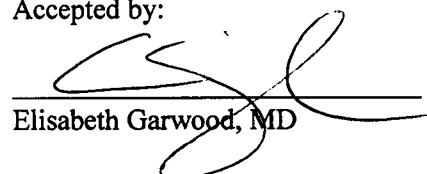
We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.


Sincerely,


Max P. Rosen MD MPH
Professor and Chair
Department of Radiology

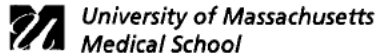

Stephen Tosi, MD
Chief Physician Executive
President, UMass Memorial Medical Group

Accepted by:


Elisabeth Garwood, MD


Date:

Cc: Luanne E. Thorndyke, MD, Vice Provost for Faculty Affairs, UMMS



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

November 3, 2016

Christopher P. Sereni, M.D.



Dear Dr. Sereni,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective June 30, 2017.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Musculoskeletal Radiology Division, as a full-time radiologist, reporting to Christopher Cerniglia, DO, Division Chief of MSK Radiology.

Your call obligation will be in the MSK Division. Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies, in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your academic (non-clinical) days to develop mutually agreed-upon research projects will be allocated as follows:

- 1/2 day per week (23 days/year)

This allocation will be re-evaluated after six months at UMass.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of

Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your base salary would be \$325,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.

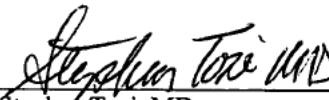
This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than November 18, 2016. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

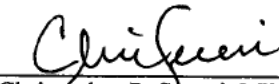
Sincerely,

 11/03/2016

Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 11/13/16

Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 11/21/16

Christopher P. Sereni, MD Date:

Cc: Luanne Thorndyke, MD



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

December 5, 2016

Ryan Tai, MD



Dear Dr. Tai,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective July 17, 2017.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Musculoskeletal Radiology Division, as a full-time radiologist, reporting to Christopher Cerniglia, DO, Division Chief of MSK Radiology.

Your call obligation will be in the MSK Division. Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies, in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your academic (non-clinical) days to develop mutually agreed-upon research projects will be allocated as follows:

- 1/2 day per week (23 days/year)

This allocation will be re-evaluated after six months at UMass.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Your base salary would be \$325,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

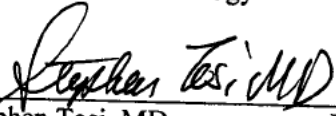
The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.

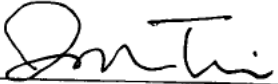
This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than December 19, 2016. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

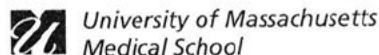
We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

Sincerely,

 12/6/2016
 Max P. Rosen, MD, MPH Date:
 Professor and Chair
 Department of Radiology

 12/16/16
 Stephen Tosi, MD Date:
 Chief Physician Executive
 UMass Memorial Medical Group

 12/19/2016
 Ryan Tai, M.D. Date:



Department of Radiology

University Campus
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Worcester, MA 01655
Tel: 508-856-3252
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max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

September 26, 2016

George Watts, MD



Dear Dr. Watts,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective June 30, 2017.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Musculoskeletal Radiology Division, as a full-time radiologist, reporting to Christopher Cerniglia, DO, Division Chief of MSK Radiology.

Your call obligation will be in the MSK Division. Our base call is 1:5. Any call beyond this will receive additional compensation, per departmental reimbursement policies, in place at the time of your additional call.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your academic (non-clinical) days to develop mutually agreed-upon research projects will be allocated as follows:

- 1 day per week (46 days/year)

This allocation will be re-evaluated after two years at UMass.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

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UMM-27870

Your base salary would be \$325,000 per year, and you will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

The Medical Group will reimburse a maximum of \$5,000 upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income.

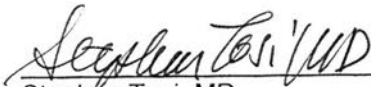
This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than ~~October 15, 2015~~. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.


Sincerely,

 9/26/2016

Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 10/10/16

Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 10/26/2016

George Watts, MD Date:

cc: Luanne Thorndyke, MD



Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252

Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

Max P. Rosen, MD, MPH, FACR
Professor and Chair

June 2, 2015

Karin Dill, MD
[REDACTED]
[REDACTED]
[REDACTED]

Dear Dr. Dill,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective September 30, 2015. If you choose to accept this offer, you would be joining UMass Memorial Medical Group (UMMMG) as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as an Associate Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. Given your excellent academic productivity, I hope that you will be ready for promotion to Professor of Radiology, within 2 -3 years. I will arrange for you to work with our office of faculty affairs to "map out" your path to promotion to help accomplish this goal.

The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

You will be a 1.0 FTE serving as Division Chief for the newly created Division of Cardiac and Vascular Imaging, as well as the interim Division Chief for Thoracic Imaging, reporting to Dr. Max Rosen, chair of Radiology. As we discussed, it's my hope to hire a Division Chief for Thoracic Imaging sometime in the next 12-24 months, at which point I expect that you will focus your efforts more on Cardiac and Vascular Imaging, but still fully participate as a member of the Thoracic Imaging Division. Your duties will be those customarily assumed by division directors, the job-description of which is attached. In addition, you will serve as Director of our planned 3D lab.

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UMM-07666

Your clinical responsibilities will include interpreting the full range of Cardiac, Thoracic, and Vascular CT and MRI. It is my understanding that you do not perform interventional procedures.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

Salary: Your base salary will be \$330,000, and will be eligible to participate in our Radiology Department incentive compensation plan, if one exists at the time of your employment.

Moving Expenses: Upon receipt of proper documentation for reasonable expenses of moving household goods and personal effects to your new home, the Medical Group will reimburse 100% of your first \$5,000 in IRS eligible moving expenses, and 50% of eligible expenses in excess of \$5,000, up to a \$10,000 total medical group payment. This reimbursement must be returned if your employment with the medical group is less than one year. Based on IRS guidelines if your current residence is within 50 miles of the work site, this reimbursement will be considered taxable income. (Please refer to the Internal Revenue Service "Publication 521- Moving Expenses" for guidance with regard to the tax treatment of moving expenses and related employer reimbursement. This publication is available on the internet at www.irs.gov.)

Educational Expenses: You will receive \$4,000 per year for eligible education and travel related expenses.

Non-Clinical time: You will be allocated a base 12 academic days per year. In addition you will be allocated an additional 36 days per year for administrative duties for the Cardiac and Vascular Division and for administration of the 3D lab. As interim director of the Thoracic Imaging Division, you will be allocated an additional 24 days per year. This will "average out" to 1.5 non clinical days/week.


Call: Our standard departmental call is 1:5. Any additional call beyond this will be compensated at our standard rate in effect at the time the call is performed.

Benefits: Please review the attached document entitled "Physician Benefits At-A-Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental and long-term disability insurance, a practice allowance and an attractive retirement benefits program.


This offer is conditioned upon ^{and} our receipt of a signed copy of this letter as your acceptance no later than June ~~18~~²⁹, 2015. Employment will be contingent on receiving three letters of satisfactory recommendation (which we have received), evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offender's records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call me or Randa Mowlood. We are delighted that you have decided to join us.

Sincerely,

 6/3/2015

Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 6/10/15

Stephen Tosi, MD Date:
Chief Physician Executive
President, UMass Memorial Medical Group

 6/23/15

Karin Dill, MD Date:

cc: Luanne Thorndyke, MD

Exhibit WWW



One Biotech Park
365 Plantation Street
Worcester, MA 01605-2376
Tel: 508-334-7276
Fax: 508-334-0333
E-mail: felicem@ummhc.org
www.umassmemorial.org

Marianne E. Felice, MD
Interim Chief Executive Officer

February 11, 2002

Ellen Christine Wallace, M.D.



Dear Dr. Wallace:

This offer letter supersedes the previous letter sent to you on January 18, 2002. I have attempted to include in this letter the issues we discussed at your repeat visit to our campus a week or so ago.

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective **June 1, 2002**. If you choose to accept this offer, you would be joining UMass Memorial Medical Group, and would concurrently be appointed to the Medical School faculty as **Assistant Professor of Radiology**, pending formal approval by the Medical School Committee on Appointments and Promotions. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. The terms and conditions of an employment agreement would govern your employment with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

Your workload will include pediatric radiology at the sites of the UMass Memorial Health System. There will be an opportunity to work with Radiology residents and participate in all appropriate conferences and reviews in the department. **At this time, your clinical responsibilities will include the equivalent of 10 clinical sessions/week. This assignment will be revisited after you have been here for 6 months.** Although we do not have a full division of pediatric radiology available at present, **you would not be expected to take call for pediatric radiology more than one week in four.** You may choose to earn additional compensation by taking additional call.

Your initial salary will be set at Two Hundred and Seventy Thousand Dollars (\$270,000) for this full time position. **This salary is guaranteed for one year** (unless you are dismissed for cause before one year, in which case, your salary would end when your employment ends). You will be eligible to participate in the Medical Group's Incentive Compensation Program after completing one year of employment. Please review the attached document entitled "Physician Benefits At A Glance", which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program. **As we agreed at your visit, a signing bonus of \$3000 will be deposited in your practice allowance account on your first day of work enabling you to have \$6000 in practice allowance immediately.** In addition, **I have made a commitment to send you to an AAMC Junior Faculty Development Course for Women in Academic Medicine** within the first year of your employment. **We will reimburse expenses for this meeting up to \$2000 out of department funds.**

The Clinical Partner of the
University of Massachusetts Medical School

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UMM-29174

February 11, 2002
 Ellen Christine Wallace, M.D.
 Page 2

If you find this offer acceptable, please sign both copies of this correspondence and return one to me for our files by no later than **February 21, 2002**. This offer is conditioned upon our receipt of such a signed copy, three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check, according to UMass Memorial policy and the Massachusetts statute on criminal offenders records.


Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. **Delays in your completion of these documents and securing of provider numbers to bill third party carriers may result in a delay of your start date.**

If you have any questions on this offer or the above, please feel free to contact Mryna Sadowsky at 508-829-0449.

On a personal note, I am delighted to invite you to become a part of our Department of Radiology and hope that you will choose to accept this offer. I believe that you will make a contribution to the UMass Memorial Children's Medical Center and to the Radiology Department's goals in general.

Sincerely,


 Marianne E. Felice, M.D.
 Interim Chief Executive Officer
 UMMHC


 Alan Stoll
 Executive Director
 UMass Memorial Medical Group

ACCEPTED:  2.21.2
 Ellen Christine Wallace, MD Date

cc: P. Segerson
 L. Eckhert, MD

Dr Felice & Mr Stoll,
 With regard to the date of commencement:-
 The Chairman of my Dept. is unavailable for this week & next therefore I am unable to determine the details of the length of my notice e.g. 90 days or 60 days. As I wish to take some time off between positions I will start no later than July 1st and at the earliest June 1st.
 I am excited & optimistic about this opportunity,
 Christine Wallace

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UMM-29175



Benefits Department
Human Resources

67 Millbrook Street
North Building, 2nd Floor
Worcester, MA 01606

February 27, 2015

To: Whom It May Concern

RE: Mona Korgaonkar, MD
SS#: xxx- [REDACTED]

This letter confirms that Mona Korgaonkar, MD has been an employee of UMass Memorial Medical Group from August 22, 1993 through the present time. She currently works in the capacity of a Physician in our Musculoskeletal Radiology Department and is scheduled to work 40 hours per week. Her annual salary is \$311,884.97.

If you have any questions regarding the above, please feel free to contact me at (508) 793-5284.

Sincerely,

A handwritten signature in black ink that reads 'Diann F. Newman'.

Diann F. Newman
Physician Benefits Representative



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UMM-16575

UMassMemorial				EMPLOYEE CHANGE FORM		Request Date: 06/29/18	
						Effective Date: 7/1/18	
Employee Information							
Last Korgaonkar		First Mona		Initial		ID # 19459	
Dept. Cost Center Numbers				Cost Center Name			
240	00	ARAD	2135	MUSCULOSKELETAL RADIOLOGY			
Contact Name				Telephone #			
Nature of Action							
Reason #1				Reason #2			
Other (describe) Per Diem Status New MASS License # (when applicable)							
Note: Complete a Financial Justification Form if requested change is not budgeted or if YTD cost center salary variance is negative.							
*Requires Internal Transfer/Change in Hours Form from employee. ** Requires analysis documentation from Compensation Department to be attached.							
Remarks Effective 7/1/18 Dr. Korgaonkar's employment status is changing from 0.6FTE to a Per Diem							
Will no longer be paid from the school. School id#10031342							
FROM:							
Position Code md0091		Position Title PHYSICIAN		Union PHYS			
Grade 99		Job Code PHY01		Location Code U55LA			
Weekly Hours 24		Shift Length		Shift 1		Check Distribution/I-Code	
Accrual		Payout		Status		Probation	
Payroll Cost Center Numbers		Hourly Rate		Annual Rate		% Position	
		163.4800		200,310.00		98.19210	
				3,690			
				\$204,000			
						Funding Account	
						Ending Date	
						6/30/18	
						6/30/18	
TO:							
Position Code MD0968		Position Title PHYSICIAN		Union PDPHY			
Grade 99		Job Code PHY42		Location Code U55LA			
Weekly Hours		Shift Length		Shift 4		Check Distribution/I-Code	
Accrual		Payout		Status		Probation	
Payroll Cost Center Numbers		Hourly Rate		Annual Rate		% Position	
		162.5000		-		100	
				-			
				-			
				-			
						Funding Account	
						Ending Date	
Required Signatures:							
1. Department Director or Designee		Date		5. Budget Department/Clinical System		Date	
2. Principal Investigator		Date		6. Budget Department, Medical School		Date	
3. Vice President/Chair		Date		7. Executive Vice President/COO or designee (non-budgeted positions only)		Date	
4. President, Hospital Division or Executive Director, Medical Group (non-budgeted positions only).		Date					
Signature		Title		Date			
FOR HUMAN RESOURCE USE ONLY:							
Comments		Dr. Korgaonkar is eligible to be paid the balance of her Vacation B bank hours totaling 225.28 at her current rate of pay.					
		She is eligible to be paid any Regular vacation hours remaining this fiscal year as well.					
Sent To:		Employee		Manager		Payroll	
						Nursing Resources	

Rev 6/10

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UMM-16231

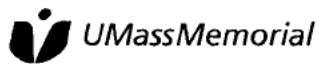
Exhibit XXXX

Radiologists hired by UMass Memorial Medical Group since March 14, 2018.

Name	Hire Date
Brian Brochu, M.D.	3/30/2018
Tasneem Lalani, M.D.	6/30/2018
Anna Shiffin, M.D.	7/1/2018
Hemang Kotecha, M.D.	8/15/2018
James Kelly, M.D.	9/6/2018
Elisabeth Garwood, M.D.	9/28/2018
Jasmeet Singh, M.D.	11/8/2018
Maria Barile, M.D.	12/31/2018
David Gerson, M.D.	6/30/2019
Ganesh Joshi, M.D.	6/30/2019
Ashesh Patel, M.D.	7/15/2019
Gabriela Santos Nunez, M.D.	7/28/2019
Steven Sherry, M.D.	7/31/2019
Kevin Daly, M.D.	8/30/2019
Julia Rissmiller, M.D.	9/30/2019
Suma Kannabiran, M.D.	12/6/2019
Alexander Bankier, M.D.	12/31/2019
Jeffrey Greenberg, M.D.	12/31/2019
Daniel Silverstone, M.D.	12/31/2019
Varun Naragum, M.D.	1/27/2020
Christopher Baker, M.D.	2/28/2020
Nicolas Bloch, M.D.	2/29/2020
Edgar Yucel, M.D.	5/29/2020
Vivek Pargaonkar, M.D.	6/30/2020
Anna-Luisa Kuhn, M.D.	8/31/2020
Anushree Agrawal, M.D.	10/1/2020

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Exhibit YYYY



University of Massachusetts
Medical School

Department of Radiology

University Campus
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-856-3252
Fax: 508-856-4910
max.rosen@umassmemorial.org
www.umassmemorial.org

July 6, 2017

Max P. Rosen, MD, MPH, FACR
Professor and Chair

Brian Brochu, MD



Dear Dr. Brochu,

On behalf of the UMass Memorial Medical Group and the University of Massachusetts Medical School, we are pleased to extend an offer of employment to you within the Department of Radiology, effective March 30, 2018.

If you choose to accept this offer, you would be joining UMass Memorial Medical Group as an employed physician and would concurrently be recommended for appointment to the Medical School faculty as an Assistant Professor of Radiology, non-tenure track, pending formal approval by the Medical School Personnel Action Committee and Executive Council. The Medical Group and the Medical School participate in a "dual-employment" arrangement under which a portion of your compensation would be paid by the Medical School. Your employment would be governed by the terms and conditions of an employment agreement with the Medical Group, a copy of which will be forwarded to you upon acceptance of this offer.

- You will join our Community Radiology Division, as a 1.0 FTE radiologist, reporting to Darren Brennan, MD Vice-chair for Community and Network Operations. You will represent UMass Radiology as the chief of Radiology at Marlborough Hospital (pending approval by the appropriate boards). In this capacity, we expect that you will fully integrate into the clinical and administrative activities of Marlborough Hospital and participate in all meetings, committees and leadership roles as expected of their chiefs of service. The majority of your time will be spent at Marlborough Hospital.
- At Marlborough Hospital, we expect that you will focus on "general x-ray" and fluoroscopy, Chest/Abdomen/Pelvic CT, non-Ob ultrasound, MSK MRI, and be able to perform the full range of CT and US guided procedures, including biopsies, drainages, arthrograms and venous access.
- In addition, we expect that you will be available to perform clinical and other duties related to the practice of Radiology at all sites covered by UMass Radiology, including, but not limited to Health Alliance Hospital, Clinton Hospital, and UMass Memorial Medical Center.

- Your call obligation will be in the Abdominal Division. Our base call is 1:5. There currently is no expectation to carry a beeper.

Participation in the education mission of UMMS is a fundamental responsibility of the Department of Radiology. This may include participation in clinical teaching as well as didactic instruction for medical students.

- Given your more than 5 years working in the UMass system, you will be allocated 7 weeks (35 days vacation) per year.
- Your non-clinical time will be allocated to 1/2 day week (22.5 days per year).

Your successful development as an academic physician is important to us. You will receive mentoring and support for your work within the department, from other UMMS faculty, and through a resource network that includes other clinical and basic academic departments and programs. The UMMS Office of Faculty Affairs offers faculty development and mentoring programs to assist faculty in attaining their goals. Information and resources are available at <http://www.umassmed.edu/ofa>.

- Your base salary as a 1.0 FTE would be \$375,000 per year.

In addition, during your first two years (April 1, 2018 to March 30, 2020) we are able to offer you up to an additional week of conference time each year (10 days in total) to attend mutually agreed-upon CME courses to enhance your skill set(s). UMMMG will cover the reasonable costs associated with registration, travel, food, etc. for these CME activities. Please let me know which course you would like to attend at least 90 days in advance, so that we can “pre-approve” your registration and travel expenses.


You will be eligible for participation in our incentive compensation plan, although there is no guarantee that this plan will be funded in any given year.


Please review the attached document entitled “Physician Benefits At-A-Glance”, which outlines the current benefit package for employed physicians, and includes professional liability insurance, health, dental, and long-term disability insurance, paid time off, a practice allowance and an attractive retirement benefits program.

This offer is conditioned upon our receipt of a signed copy of this letter as your acceptance no later than July 30, 2017. Employment will be contingent on receiving three letters of satisfactory recommendation, evidence of a current, valid license to practice medicine in Massachusetts, satisfactory credentialing by our medical staff office, a satisfactory pre-employment physical and criminal background check according to UMass Memorial policy and the Massachusetts statute on criminal offender’s records. Once you have indicated your acceptance, we will forward the materials needed for you to obtain third party provider enrollment, credentialing forms and a formal Medical Group employment agreement for execution. Delays in your completion of these documents may result in a delay of your start date.

We are delighted in your interest in joining our Department and hope that you will choose to accept this offer. If you should have any questions, please call Randa Mowlood at 508-334-7755. We look forward to hearing from you.

Sincerely,

 7/10/2017
Max P. Rosen, MD, MPH Date:
Professor and Chair
Department of Radiology

 7/24/17
Stephen Tosi, MD Date:
Chief Physician Executive
UMass Memorial Medical Group

 7/30/2017.
Brian Brochu, MD Date:

Cc: Luanne Thorndyke, MD

Exhibit ZZZZ

From: Rosen, Max <Max.Rosen@umassmemorial.org>
Sent: Friday, February 16, 2018 5:57 PM
To: Dill, Karin <Karin.Dill@umassmemorial.org>
Subject: Re: confidential review

Have not heard that itâ€™s down
Can you review these by early next week. Thanks

Sent from my iPhone

On Feb 16, 2018, at 5:08 PM, Dill, Karin <Karin.Dill@umassmemorial.org> wrote:

I think pacs is down. I cannot load images

From: Rosen, Max
Sent: Friday, February 16, 2018 4:23 PM
To: Dill, Karin <Karin.Dill@umassmemorial.org>
Subject: RE: confidential review

Ok - can you review the remainder on the list and then send me the entire summary?

Max

From: Dill, Karin
Sent: Friday, February 16, 2018 4:08 PM
To: Rosen, Max <Max.Rosen@umassmemorial.org>
Subject: confidential review

<< File: Desai_29Jan2018_Cases_read-dill review.xlsx >>

What I have so far is concerning. There are two signif problems caught so far upon my limited review